

AGENDA

**Central Arizona Fire and Medical Authority
Central Arizona Fire and Medical Authority Board of Directors
CA Regular Meeting
Monday, October 23, 2023, 5:00 pm - 6:00 pm
Central Arizona Fire and Medical Authority, Administration, 8603 E. Eastridge Drive,
Prescott Valley**

NOTICE OF MEETING

REVISED

Pursuant to A.R.S. § 38-431.02, notice is hereby given to the members of the Central Arizona Fire and Medical Authority Board of Directors and the general public that the **Central Arizona Fire and Medical Authority** will hold a meeting open to the public on **Monday, October 23, 2023 at 5:00 p.m.** The meeting will be held at **Central Arizona Fire and Medical Authority, Administration, 8603 E. Eastridge Drive, Prescott Valley, Arizona.** The Board may vote to go into Executive Session on any agenda item, pursuant to A.R.S. §38-431.03(A)(3) for discussion and consultation for legal advice with Authority's Attorney on matters as set forth in the agenda item. The following topics and any variables thereto, will be subject to Board consideration, discussion, approval, or other action. All items are set for possible action. Members may attend in person or via remote methods of communication.

1. CALL TO ORDER / ROLL CALL OF BOARD MEMBERS
2. PLEDGE OF ALLEGIANCE
3. CORRESPONDENCE AND PRESENTATIONS

A. Letters from the Public and Board Recognition

4. REPORTS

Reports are informational only. Any item articulated in the reports is subject to clarification, discussion, and direction by the Board; no action will be taken.

A. Board Member Reports

B. Division Reports

5. CALL TO THE PUBLIC

In accordance with A.R.S. §38-431.01(H) the Central Arizona Fire and Medical Authority Board has decided to allow public comments as time permits. Those wishing to address the Board regarding an issue within the jurisdiction of this public body may do so by completing a *Call to the Public* form and submitting it to Staff. Speakers are limited to three (3) minutes, but may submit written comments for Board records. Call to the Public shall not exceed 30 minutes per meeting. Board members shall not discuss or take legal action on matters raised during an open call to the public, but may ask Staff to review a matter or may ask that a matter be placed on a future agenda.

6. CONSENT AGENDA

All matters listed under consent agenda are considered to be routine by the Central Arizona Fire and Medical Authority Board and will be enacted by one motion. There will be no

separate discussion on these items. Any item may be removed by a Board member and will be considered separately for motion, discussion, and action.

- A. Approve Regular Session Minutes - September 25, 2023
- B. Approve Executive Session Minutes - September 25, 2023
- C. Approve General Fund Financial Statements
- D. Approve Fire Protection Agreements: Burness

7. VOTE TO GO INTO EXECUTIVE SESSION

- A. Legal Advice Pursuant to A.R.S. §38-431.03(A)(3) Regarding Ambulance Certificate of Necessity (CON)
- B. Legal Advice Pursuant to A.R.S. §38-431.03(A)(3) Regarding Lawsuit Filed by Alvin R. Yount
- C. Legal Advice Pursuant to A.R.S. §38-431.03(A)(3) Regarding AMR Litigation Matter
- D. Legal Advice Pursuant to A.R.S. §38-431.03(A)(7) Regarding Property for Future Fire Station
- E. Legal Advice Pursuant to A.R.S. §38-431.03(3) Regarding Correspondence Received from Yavapai County Attorney's Office Regarding Dave Tharp

8. OLD BUSINESS

- A. Discussion and Possible Action Regarding Ambulance Certificate of Necessity (CON)
- B. Discussion and Possible Action Regarding Lawsuit Filed by Alvin R. Yount
- C. Discussion and Possible Action Regarding AMR Litigation Matter

9. NEW BUSINESS

- A. Discussion and Possible Action Regarding Adoption of Yavapai Regional Medical Center's (YRMC) EMS Needs Assessment
- B. Discussion and Possible Action Regarding Support Letter from the CAFMA Board to CYMPO Regarding the Sundog Connector
- C. Discussion and Possible Approval to Purchase New SCBA Compressor for CARTA, Not to Exceed \$90,000
- D. Discussion and Possible Approval to Proceed with Wage Study Through The Segal Group in the Amount of \$55,000
- E. Discussion and Possible Direction to Staff Regarding Property for Future Fire Station
- F. Discussion and Possible Action Regarding Correspondence Received from Yavapai County Attorney's Office Regarding Dave Tharp

10. ADJOURNMENT

Disabled persons needing reasonable accommodations should call 928-772-7711 prior to the scheduled meeting.

Nick & Co

Station #5

✓

L Bob & Margo
Prescott Valley, AZ 86314

Thank you so
much for
saving my
husband's life!
God Bless

Bob & Margo



DIVISION REPORTS

REPORTED TO THE
CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
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Chief's Report

By Fire Chief Freitag

We just completed our second cohort in the AFCA Chief Executive Officer Program (CEOP). Chief's Feddema, Rose, and Parra all graduated – barely, but they made it. All provided really good feedback regarding the overall program content and networking opportunity.

The AFCA has scheduled the 2024 program and we should be opening registration in the next couple of weeks. We've reached out internally to four of our personnel offering them an opportunity to attend. Visiting with senior staff, we felt our new fire marshal, our two newest battalion chiefs, and our new training officer would be good candidates for a program at this level.

Applications for our Assistant Chief of Administration close on October 25. HR will handle the initial screening of candidates. The final interview process will be held November 14-16 here in PV. Candidates will meet in the multi-purpose room at administration for an evening open house on the 14th for a meet and greet. They will have three interview panels on the 15th. One will be a community leader panel, one will be made up of internal folks, and the third will be a peer panel. Senior Staff interviews will take place on the 16th.

Our goal is to find a versatile candidate who could rotate with the other two assistant chiefs in three to four years e.g., John to admin, Cody to Ops, new person to Planning and Logistics. This will allow each of the assistant chiefs to cross train and develop a more global perspective within the organization.

We are completing chief's interviews for our prevention position as I'm drafting this report. A job offer will be made on 10/16 so I should have a name for you by the meeting. HR specialist and admin specialist openings close on Oct 18 with first round interviews scheduled sometime the week of the 25th, or possibly the following week.

Cody and I have been working with Segal on a contract for a wage and benefit study. We'll be seeking your approval to move forward at the October meeting. Our hope after this year is to build a data base with the agencies used as comparisons to streamline wage and benefit study time frames and reduce costs. What we've asked for this year is a market study of wage scales and total employee ERE's for each position. This will give us a better indication of total compensation.

Senior staff is looking at a piece of property for a future fire station along Glassford Hill Road. We hope to have more on that project for the board at the November meeting. The proposed station exchange between Prescott and CAFMA is moving forward, we're just waiting on the appraisals. Once we know the numbers, we'll be back before the board looking for direction.



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Shaun Jones will be stepping down as the Chapter Union VP as of November 1st. At this point, they do not have a replacement. Local 3066 Union President Ben Roche may be taking over on an interim basis until they can find someone willing to assume the role. We continue to have a good relationship; they're just having some difficulty getting someone willing to step into the position.

SEPTEMBER 2023 RECORDS REQUESTS

| Record Type | Received | Pending |
|---------------|-----------|----------|
| EMS | 6 | 0 |
| Environmental | 4 | 0 |
| Fire | 2 | 0 |
| Incident | 1 | 0 |
| Public Record | 4 | 1 |
| | | |
| Totals | 17 | 1 |



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Operations

By Assistant Chief Feddema

The Firefighter Academy started this month. The recruits are doing very well and are preparing for a 14-week academy. They assisted Captain Merrill and Community Relations Coordinator Kathy Goodman with a public education event at a local school. They did very well, and it is great to see their enthusiasm as they begin their career. Captain Smith volunteered to be lead Instructor for the Academy and was moved from his assigned Station. He will be working at The Training Center for the next 14-weeks to provide consistent training for all the new recruits. There are many other Personnel that are supporting the Academy to make it a great training experience and prepare them for the future. Following the graduation, they will be assigned a shift and a station. The academy helps prepare them for their career and ensures they are prepared to work for CAFMA. We are looking forward to the support they will bring to Operations as we have lost several individuals this past year that were not planned.

This month we also promoted several individuals. We Chief Merrill was assigned to the Training Division and Chief Snyder was assigned to Battalion 6 A-Shift. We are excited to have both individuals in their new positions. Captain Postula and Captain Butler were also promoted along with Engineer Basurto and Engineer Perez. There are a lot of moves happening; however, with change comes opportunity.

This month several of us completed the Chief Executive Officer Program (CEOP). There were a lot of good instructors and it was an opportunity to network with other fire service professionals from around Arizona. I have also been helping coordinate the AFCA Battalion Chief Academy. This year it is hosted at the Phoenix Fire Training Academy. It will be held on Wednesday and Thursday for the next 4 weeks. We have 55 students who will be attending and three from CAFMA. Administrative Manager Dixon and her staff provided a lot of support. Chief Abel and Chief Freitag will also be speaking at the event. There are students that come from around Arizona to attend the program that focuses on leadership and the Battalion Chief level.



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Planning and Logistics By Assistant Chief Rose

COMMUNITY RELATIONS

Our firefighter recruits have started the Academy and we're providing weekly updates via social media! We'll post a variety of content for future recruitment purposes and so that our community gets to know our new recruits. Fire Marshal Tirpak joined the *Leza Live Show* on KYCA for the Monday of Fire Prevention Week (October 8th – 14th) and our social platforms were full of cooking safety messages throughout the week. We also shared educational messages spanning from fireplace maintenance to Breast Cancer Awareness.

It's been a busy month for classes and meetings! On October 10th, I presented 'Social Media Management' at the Arizona Fire Chiefs Association *Chief Executive Officer Program (CEOP)* with Forrest Smith, Assistant Chief from Mesa Fire. The following week, Ashley from Verde Valley Fire came to CAFMA Admin for a social media visit, then on October 19th, I attended a virtual 'Social Media for Emergency Management as Platforms Evolve' event hosted by the National Disaster Preparedness Training Center. I found out about the event from our Emergency Manager, Ashley Ahlquist, which just goes to show how relationships throughout the County are growing stronger, certainly a goal for the Community Relations Division.

Our informational 'Funding Fire Districts' page is now live on the CAFMA website: <https://www.cazfire.gov/funding-fire-districts/> Please feel free to use this resource whenever questions regarding Fire District funding arise! Thank you to Tech Services Manager Van Tuyl for his help with the page.

| | | | |
|---|---|--|---|
|  |  |  |  |
| ONE SOURCE OF FUNDING | RISING COSTS | CAFMA'S PLAN | HOW IT IMPACTS YOU |
| Property taxes are the main source of funding | Fire Districts are not immune to rising costs | CAFMA has put together a 3-year Strategic Plan | How these challenges impact you and your family |
| LEARN MORE | LEARN MORE | LEARN MORE | LEARN MORE |



DIVISION REPORTS

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FACILITIES

CARTA fence has been completed. We had them add a couple of gates to allow for access to the lower south side of the property along with the east side of the warehouse if needed. We were pleased with the fact they were able to use up all the materials we have had piled up behind the warehouse to help eliminate some of the cost.

They wrapped up the painting at Station 63 that we had planned for this year. There are just a couple of small items they will return to correct for us, but otherwise we are happy with the results. We did order the stainless-steel sink cabinet that will be installed in the bay as well. This was an item on the original plan that we had to wait till the new budget year to purchase.

We are working with Comms to move on to the next project at 63, the tower installation. We plan to utilize the contractor that will pour the foundation for the tower to also concrete the entrances that we had to remove to install the new culverts. In addition, we are going to work on trying to get the foundation installed for the tower at 61 that will be going in just south of the reserve apparatus bay. Once that is done, we will be adding a small room in the SW corner of the reserve apparatus bay to accommodate the equipment that Comms will be relocating there.

We purchased some new drop-down air reels to install at Fleet between a few of the bays last budget that we are moving forward to have installed. They will need to tie into the existing air lines in various locations in order to accommodate the new reels. The plan is to have it completed during a time that they are not working to avoid any down time to Fleet's never ending busy schedule. It is currently scheduled for the second weekend in November.

We just did our water testing for Arsenic at the 4 station we have on wells. We are pleased that only two of them had just 1 and 2 ppb over the standard, which is extremely minimal. And of course, all of our filters proved to eliminate the arsenic completely on their drinking water. This was lower than the results we had when we did it 3 years ago.

That time of year again to be making the rounds to change out filters. Andrew will be starting that towards the end of the month. This includes both water and HVAC filters.

And as always, the routine maintenance is ongoing, but in addition we totaled about 78 work order request that were completed since July 1st.



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FINANCE

I am excited to report that the Finance Division is back up to full staff since being down two staff members over the summer due to maternity leave and we now have two additional baby girls added to the CAFMA family! Additionally, over the summer, we said goodbye to Shelly Clark, Finance Specialist I. We wish Shelly well in her retirement.

As we move into the Fall, we begin to take a collective sigh of relief as things begin to slow down a bit. Summer months get busy with the end of the fiscal year, the beginning of a new fiscal year, audit prep and Wildland season. Now that most of that is behind us, we are able to re-focus our time on cross training and providing opportunities for staff to train for the next level of their careers.

Our most exciting news is the field work for the audit is complete! While there are still loose ends to tie up, the hard work is finished, and we can begin to close out FY 22-23 and focus on FY 23-24.

FLEET

Projects:

New Type 1 Engines

We have tentatively scheduled the first of the new engines to go into service on the 18th of this month. The other two will follow in the next month. I would like to thank all members of the Apparatus and Equipment Committees as well as the Tech services division and the members of the fleet division for all their hard work. The Engines came out great!

Staff Vehicles

Prevention:

We just took delivery of another 2023 Chevrolet 1500 crew cab pick-up truck. This will be for the Prevention division and will be outfitted exactly like the others. All accessories have been ordered for it.

New Battalion 3 Truck:

We have a new battalion chief truck in the budget for this fiscal year. We have not been able to locate a suitable unit, so we ordered one through our state contract dealer. The truck should be here in March of 2024. We plan on securing all equipment and accessories so that this build can be as seamless as possible.



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Opticom

The Opticom system went live recently. We only had one engine with an issue and fleet is currently working on that problem. We will monitor this closely and move forward with outfitting the type 3 engines as well as the Brush trucks.

Maintenance and Repair

Engine 57 went back in service after having the head gasket replaced on the motor. We currently have E-50 in for service and repairs as well. A lot of frontline work and services are due to come into the shop shortly. Right now, our primary focus is getting the new engines in service. Water Tender 57's pump and plumbing replacement is coming along and should be finished up in the next week. Both Engine 55 and 66 our type 3's were in the shop for repairs to their air systems and charging systems. These have both been completed and returned to service. 557 and 558, our single resource wild land trucks were both in for service and repairs and are now available for use.

Updates

KNOX:

Fleet attended training on the new electronic KNOX boxes and the install is now underway. Our plan is to install these on the new engines first and then all the prevention division vehicles. After that the install will move to Battalion chief vehicles and all other frontline apparatus.

Tough book laptops:

Another recent update to fleet was a transition to new tough book style laptops for all the mechanics. Tech services set these up in docking stations on our desks so that we still have a desktop style platform for our administrative work. However, when working in the shop or on call the mechanics can remove the laptop from the docking station and take it with them. All our vehicles are computer controlled and require specific software and diagnostic programs to repair them now days. For years fleet shared one shop laptop between the mechanics for these issues when they would come up. As time has progressed everything is moving to electronic platforms even our shop paperwork. The existing Mitchell 1 software and the new PSTRax software as well as our needed diagnostic software for systems such as Allison transmission, Cummins Diesel, Wabco ABS are all available to our mechanics in the shop or in the field. This has been a needed and welcomed addition to fleet.



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PREVENTION

Compliance Engine

September – 9 deficiencies opened.

September – 16 deficiencies closed.

91% compliance (this number will fluctuate a lot)

Training

Darrell Tirpak is in process to complete CFO should be completed by the end of October.

Kevin O'Neil is currently enrolled in a bachelor's program.

Darrell Tirpak has completed NFA N0775 Wildland Fire Origin and Cause Determination courses.

Tirpak and Johnson have been accepted into NFA for R0614 Scheduled for December in Maryland

Image Trend

Prevention is continuously enhancing image trend modules. Districts are set and each inspector is responsible for their districts.

SmartGov

Currently in the testing process, Prevention is working with front office with permits and workflows. Blue bean has been connected; training is set to begin October 16, 2023.

Prevention has been attending weekly SmartGov virtual meetings.

Fire Prevention Month of August

199 Fire Inspections

63 Construction Inspections

17 Special Events Inspected

1 Fire Investigations

58 Plan Reviews

17 Knox Box Installs

15 Meeting/FM Meetings

Other

6 Public Education events – 580 educational contacts made.

Prevention fire engine – Prevention has scheduled driver training in October, prevention will perform weekly checks.

Prevention took over the Knox key program. October 2nd Knox updated their website for the E-lock key. All new requests in district will now be E-Lock

Thursday crew day

Every Thursday prevention visits and rides with their district units. Tirpak is scheduled to ride with BC 3.



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TECHNICAL SERVICES

Nothing new to report.

WAREHOUSE

The Warehouse Division has some personnel changes happening. Tech I Jake Anglin has accepted a position in IT. This allowed Training Tech to lateral over to the Warehouse Division. Ivonne has been training with Jake for the last week in preparation for her move. We wish Jake all the success he deserves! He'll be missed!! Welcome Ivonne!!!

We have continued with our hose testing processes. There have been many delays in this so we are doing everything we can to get all apparatus done. We still have 6 Type 1 engines and all water tenders to complete. We are making every attempt to facilitate this before the weather turns!

Warehouse Division has begun mask fit testing for all of our operations personnel. We began with our new recruit class currently in the academy. Battalion 3 B shift is scheduled for this Friday, October 5th. Our goal is to have everyone done by end of November.

We are organizing our uniform order forms with Admin this week. We want to have these out to all divisions by end of October. This will give us a month to get everyone's orders compiled and placed with all vendors.

The Warehouse Division will be sending 2 personnel to Houston for the Scott SCBA Technician I & II class this month. Our division will have all personnel certified as technicians this month so that we can keep all SCBA flow testing and repairs in this division.

As always, feel free to contact me if you have any questions.

Thank you,

Cody Rose



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Training **By Training Chief Merrill**

Recruit Academy 23-1 is well underway, and the recruits are working very hard to gain knowledge, skills, and testing of their abilities. Their success, of course, is a testament to the outstanding cadre of Recruit Training Officers that are working diligently to facilitate and instruct the recruits while also building leadership and professional development skills, in the process. The recruits have learned, thus far, a basic understanding of fire dynamics, which will be honed in during Modern Fire Attack, which occurs from the 16th-19th, concluding with their first Live Fire event: the flashover chamber. In the flashover chamber, the students are strictly in an observational posture as the students are located, in said chamber, at a below grade from the flashover, itself. They witness fire growth and development and the effects of air that is intentionally or unintentionally applied to the fire room, and how we can use science to impact safety and survival, of both the firefighters and civilians.

Furthermore, we are working towards scheduling and facilitating upcoming succession plan courses for future promotional opportunities. Annually, the Training Division will host several courses, at CARTA, that are dedicated to assisting the professional development of those who aspire to promote to higher-ranking positions. The Winter/ Spring months are advantageous to capitalize on said opportunities, therefore, we will host the NFA Leadership Series, Company Officer Academy, Engineer Academy, and several wildfire courses to assist in the continual development of our internal, as well as neighboring fire personnel.

Other trainings occurring, either hosted at CARTA or facilitated via Training during October, include the following:

- Quarterly Training – Multi-Family Structures: Hose Packs and Extensions
- Drop-In Training – Hazardous Materials Operations Level
- Monthly TRT
- Monthly Hazmat
- ACLS/ BLS
- PALS
- ALS CE Day

In closing, I would like to point out that there has been a drastic change in the Training Division, as Chief Dustin Parra has passed the reigns to myself, as the new Training Chief. To say that I am humbled and honored would be an understatement, however, Chief Parra did an outstanding job preparing and grooming me for this position. Furthermore, I would be remiss if I didn't thank him for his dedication and evolution of the Training Division, and moving forward, it will be my duty to adhere to the vision of the future of the Division and its success for the organization and the community in which we serve.



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EMS Report

By EMS Chief Niemynski

We held our first paramedic student selection process which involved the applicant submitting a letter of support from their Battalion Chief, a written essay describing why they want to be a paramedic and an oral board. The two new paramedic students will be Josh Redfern and Daniel Hampton. Their class begins in January at Yavapai College.

CAFMA renewed the Rescue lease agreement with Priority Ambulance for 6 more months. This lease will expire in March 2024 and at that time we do not plan to renew it again. Our hope is that either CAFMA has a CON of their own or Priority has the staffing in place to have 2 more ALS units in service.

CAFMA is in the process of purchasing 2 Lucas mechanical chest compression devices through Stryker. These units can communicate with our Lifepak15 heart monitors and can generate a CPR report that shows us a ton of useful data that will help improve our performance in cardiac arrest patients. The timeframe for delivery looks to be about 120 days after ordering.

EMS Captain Poliakon spent some time with our new recruits in the academy going over our electronic patient care reporting system call Image Trend. The new recruits need to have a solid foundation with the use of this software so that they can operate the tablets in the field.

Our Handtevy Software was upgraded to the newest version which includes our local triage, treatment, and transport protocols. It also can be used on all age ranges not just pediatric patients.

Have a great day!



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Labor Report

By Chapter President Ben Roché

Local 3066 and CAFMA Management conducted their monthly Labor/Management Meeting where productive discussion occurred addressing issues from both. Current topics of discussion are:

- Wage and Benefit Committee Activity
- PFAS in Turnout Gear
- Station Assessments by Core Construction
- Well Water Testing
- Firefighter Sleep Coaching Study
- Lithium-Ion Battery Exposure and Turnout Decontamination
- Officer
- Recruit Academy
- Capital Improvement Prioritization
- ARPA Update
- High Stress Incident Tracking
- Trade Time for New Hires

Throughout the discussions all relations have been amicable where outcomes have been focused to be in benefit of the public, fire district, and the employees. The largest project is by far the work to gather data for our wage and benefit comparison. The labor group has decided to use Northwest Fire District, Arizona Fire and Medical Authority, Daisy Mountain Fire District, Sedona Fire District, Flagstaff Fire Department, and Prescott Fire Department as the agencies we would like to compare to. All of these agencies were part of the previous study completed by Segal. Currently we have the pay plans for these agencies and are finishing gathering data on the benefits each agency provides. Administration has requested that we add Golder Ranch Fire District to the comparison. Labor will discuss adding Golder Ranch and be providing the data to administration and the established wage and benefit committee.

The September 12th, Local 3066 Meeting was postponed until September 28th. During the meeting Gordon Dibble and Jake Thompson both won the seats of CAFMA Trustee's for another term until December of 2025. Also, during the meeting, I, Ben Roche, was elected to another term as local president that coincides with the CAFMA Trustees Term. CAFMA VP Jones has decided to step down from his union officer roles effective November 1st. Congratulations to those re-elected and a tremendous level of gratitude is owed to VP Jones for his years of service as a union officer with Local 3066 and the work he put forth towards the CAFMA Chapter. The local e-board will be electing a replacement for the remainder of the term vacated by Jones.



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Upcoming Firefighter Events include:

CAFMA Charities Golf Tournament: Canceled

Start Moving On Couples Conference: October 20 & 21

First Responders Ball: October 20, 2023



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Response Report

By GIS | Records Management Specialist Freeman



September Response Report - 2023

Land Area: 369 sq. miles Population: ~106,500 Fire Stations: 10 Full-Staffed

Responses in District

| | |
|---------------------------|---|
| TOTAL FIRE INCIDENTS | 5 |
| STRUCTURE FIRE | 1 |
| STRUCTURE FIRE; CONFINED | 1 |
| MOBILE HOME/PORTABLE BLDG | 0 |
| VEHICLE FIRE | 2 |
| BRUSH/GRASS/WILDLAND FIRE | 1 |
| TRASH FIRE/OTHER | 0 |

Fire is 0.4% of call volume

| | |
|--------------------|-----|
| TOTAL RESCUE & EMS | 859 |
|--------------------|-----|

EMS is 69.05% of call volume

| | |
|-------------------------|-----|
| OVERPRESSURE / OVERHEAT | 1 |
| HAZARDOUS CONDITION | 12 |
| SERVICE CALL | 207 |
| GOOD INTENT | 124 |
| FALSE ALARM/OTHER | 36 |

Other is 30.55% of call volume

| | |
|--------------------------------|-------|
| TOTAL INCIDENTS IN DISTRICT | 1,244 |
| INCIDENT RESPONSES BY CAFMA | 1,358 |
| TYPE-1 UNIT RESPONSES BY CAFMA | 1,437 |

Fire Loss Summary

| | |
|-----------------------|----------|
| Residential Fire Loss | \$23,620 |
| Commercial Fire Loss | \$0 |
| Vehicle Fire Loss | \$4,700 |

Top 5 Call Types

| | |
|-----|--------------------|
| 793 | EMS |
| 111 | Assist Invalid |
| 67 | Cancelled en Route |
| 50 | Public Service |
| 28 | Medical Assist |

| | |
|----------------------------------|-------|
| Average total # of calls per day | 41.47 |
| Average fire calls per day | 0.17 |
| Average EMS calls per day | 28.63 |
| Average all other calls per day | 12.67 |

Call Volume at PRCC

| | Month | Year-to-Date |
|-------|-------|--------------|
| PFD | 876 | 7,923 |
| CAFMA | 1,244 | 11,014 |
| GCFD | 10 | 105 |
| OD | 7 | 91 |
| WKFD | 2 | 18 |

Unit Responses

| Unit | District | Total | Move Up |
|---------|----------|-------|---------|
| E50 | 153 | 158 | 33 |
| E51 | 29 | 193 | 49 |
| E53 | 179 | 179 | 12 |
| E540 | 26 | 26 | 19 |
| E54 | 148 | 150 | 0 |
| E57 | 53 | 57 | 3 |
| E58 | 163 | 166 | 0 |
| E59 | 169 | 176 | 1 |
| E61 | 113 | 116 | 0 |
| E62 | 142 | 149 | 5 |
| E63 | 66 | 66 | 29 |
| TR50 | 3 | 4 | 0 |
| B3 | 37 | 38 | 0 |
| B6 | 26 | 30 | 0 |
| Rescues | 0 | 0 | 0 |

Calls by Municipality

| | |
|---|-----|
| Calls in Town of Chino Valley | 192 |
| Calls in Town of Prescott Valley | 622 |
| Calls in Town of Dewey-Humboldt | 47 |
| Calls in District, Unincorporated Areas | 383 |
| Calls Out of District | 6 |

Aid Agreement Summary

| | |
|----------------------------|-----|
| Aid Given to Prescott | 147 |
| Aid Received from Prescott | 86 |
| Aid Given to WVFD | 0 |
| Aid Received from WVFD | 5 |
| Mutual Aid Given | 0 |
| Mutual Aid Received | 0 |



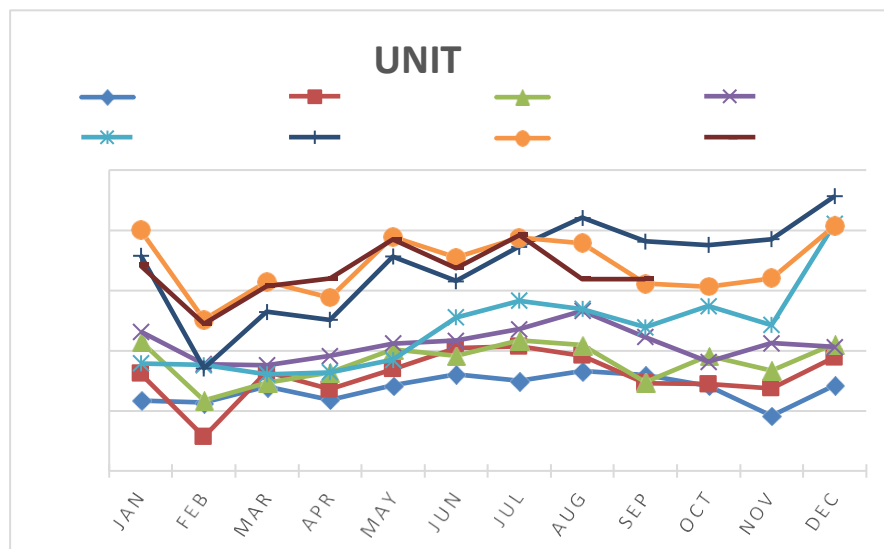
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Unit Workload History

(RESPONSES BY TYPE-1)

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Jan | 1,034 | 1,123 | 1,231 | 1,263 | 1,157 | 1,516 | 1,600 | 1,483 |
| Feb | 1,026 | 913 | 1,034 | 1,155 | 1,152 | 1,141 | 1,303 | 1,289 |
| Mar | 1,080 | 1,128 | 1,093 | 1,151 | 1,121 | 1,328 | 1,428 | 1,415 |
| Apr | 1,036 | 1,071 | 1,127 | 1,182 | 1,127 | 1,302 | 1,376 | 1,439 |
| May | 1,084 | 1,138 | 1,203 | 1,223 | 1,169 | 1,512 | 1,577 | 1,569 |
| Jun | 1,121 | 1,208 | 1,183 | 1,233 | 1,310 | 1,431 | 1,509 | 1,473 |
| Jul | 1,099 | 1,214 | 1,234 | 1,271 | 1,366 | 1,546 | 1,575 | 1,584 |
| Aug | 1,132 | 1,183 | 1,218 | 1,332 | 1,338 | 1,641 | 1,557 | 1,437 |
| Sep | 1,118 | 1,091 | 1,095 | 1,245 | 1,277 | 1,563 | 1,422 | 1,437 |
| Oct | 1,083 | 1,088 | 1,183 | 1,163 | 1,348 | 1,551 | 1,413 | |
| Nov | 983 | 1,074 | 1,134 | 1,224 | 1,285 | 1,570 | 1,440 | |
| Dec | 1,085 | 1,177 | 1,222 | 1,211 | 1,622 | 1,713 | 1,615 | |
| AVG | 1,073 | 1,117 | 1,163 | 1,221 | 1,273 | 1,485 | 1,485 | 1,458 |
| TOTAL | 12,881 | 13,408 | 13,957 | 14,653 | 15,272 | 17,814 | 17,815 | 13,126 |



MINUTES

**Central Arizona Fire and Medical Authority
Central Arizona Fire and Medical Authority Board of Directors
CA Regular Meeting
Monday, September 25, 2023, 5:00 pm - 6:00 pm
Central Arizona Fire and Medical Authority, Administration,
8603 E. Eastridge Dr., Prescott Valley**

In-Person Attendance

Denise Krizo; Gayle Pickett; Matt Zurcher; Rick Anderson; Scott A Freitag; Susanne Dixon

Remote Attendance

Nicolas Cornelius

Not In Attendance

Dave Dobbs; Lorette Stewart

NOTICE OF MEETING

Pursuant to A.R.S. § 38-431.02, notice is hereby given to the members of the Central Arizona Fire and Medical Authority Board of Directors and the general public that the **Central Arizona Fire and Medical Authority** will hold a meeting open to the public on **Monday, September 25, 2023 at 5:00 p.m.** The meeting will be held at **Central Arizona Fire and Medical Authority, Administration, 8603 E. Eastridge Drive, Prescott Valley, Arizona.** The Board may vote to go into Executive Session on any agenda item, pursuant to A.R.S. §38-431.03(A) (3) for discussion and consultation for legal advice with Authority's Attorney on matters as set forth in the agenda item. The following topics and any variables thereto, will be subject to Board consideration, discussion, approval, or other action. All items are set for possible action. Members may attend in person or via remote methods of communication.

1. CALL TO ORDER / ROLL CALL OF BOARD MEMBERS

Chair Zurcher called the meeting to order at 5:00 p.m.

Director Pickett completed Roll Call in Director Dobbs absence.

2. PLEDGE OF ALLEGIANCE

Chair Zurcher led the Pledge of Allegiance.

3. CORRESPONDENCE AND PRESENTATIONS

A. County and Town Current Events Summaries

Town of Prescott Valley Council Member Brenda Dickenson provided information regarding current and upcoming road improvement projects, and stated that the Council has proposed upgrades to the roadway standards, including Americans with Disabilities Act (ADA) compliant guidelines. She also commented that they are utilizing a new vehicle equipped with technology that analyzes road conditions. She added that the Prescott Valley Public Library is currently undergoing renovations utilizing funds of approximately \$4.8 million received in a settlement for the poor design. Some of the upgrades include

removing and replacing the metal paneling on the exterior as well as weather proofing. She stated that the Healing Fields event at the Civic Center on September 11, 2023 was very successful, and offered information regarding some up coming events around town. The Town of Prescott Valley website has the information for these events and more scheduled in the upcoming months. She finished by sharing information regarding two new hires at the Town and said the Town of Prescott Valley is in a new election cycle with three (3) town council members up for re-election plus one vacancy that will occur, for a total of four (4) seats.

Chino Valley Vice Mayor Eric Granillo greeted the Board and reported that the Chino Valley Harvest Festival is scheduled for October 7, 2023, as well as the Chino Grand Prix on Saturday and Sunday that week. He added that the proposed Cedar Heights mining project is being monitored, but it is not within their jurisdiction. He stated that they are seeing a slow growth cycle, and they intend to do some good planning to guide development. He concluded with an update that the State Park is making progress; they are still raising funds to complete the project.

Chair Zurcher added that the Town of Chino Valley will be holding their National Night Out on October 3, 2023.

B. Letters from the Public and Board Recognition

The Board recognized Captain Nick Fournier, Jess Costa, and Kelsey Claire for their participation in the Dancing for the Stars charity event which raised more than \$57,000 for the Boys and Girls Club of Central Arizona.

Alex Heinemann, the Chief Executive Officer of the Boys and Girls Club of Central Arizona, noted that this year, for the first time, the team did not have a professional dancer. To raise more awareness of the Boys and Girls Club of Prescott Valley and the 130 kids that they serve, the team was nicknamed Team PV. He added that he appreciates all the time and effort Team PV put into their performance.

4. REPORTS

Reports are informational only. Any item articulated in the reports is subject to clarification, discussion, and direction by the Board; no action will be taken.

A. Board Member Reports

Chair Zurcher, on behalf of Director Stewart, reported that Dignity Health Yavapai Regional Medical Center is hosting an event for first responders. The First Responders Breakfast will be held on September 27, 2023 from 7:00 a.m. to 9 a.m. at either campus.

Chair Zurcher shared that he attended the 911 Ceremony held in the Town of Prescott Valley.

B. Division Reports

Chief Freitag reported that he has just returned from the Western Fire Chiefs Conference in Anchorage, AK. As previously communicated, we are seeing insurance companies beginning to cancel policies in our area, specifically citing wildfire risk. He noted how this is related to our ISO rating. Chief Freitag

added that we are meeting this week with the consultant for our Strategic Plan to review objectives and work on finalizing the draft. Lastly, the Assistant Chief of Administration position will be posted this week.

Labor Union President Ben Roche commented that they have met at State level with the Chiefs' Organization and the Professional Fire Fighters of Arizona to discuss plans and look at different alternatives for funding for Fire Districts. In regards to the International Association of Fire Fighters (IAFF) GIS study, we are number 3 on their list for completion. The completion of this study will help with our accreditation process.

Captain Eric Merrill reported that our Recruit Academy began today, and that all ten (10) new recruits were in attendance.

At Attorney Cornelius' request, executive session was taken after item 4-B.

5. CALL TO THE PUBLIC

In accordance with A.R.S. §38-431.01(H) the Central Arizona Fire and Medical Authority Board has decided to allow public comments as time permits. Those wishing to address the Board regarding an issue within the jurisdiction of this public body may do so by completing a *Call to the Public* form and submitting it to Staff. Speakers are limited to three (3) minutes, but may submit written comments for Board records. Call to the Public shall not exceed 30 minutes per meeting. Board members shall not discuss or take legal action on matters raised during an open call to the public, but may ask Staff to review a matter or may ask that a matter be placed on a future agenda.

Reconvened into Open Session at 5:56 p.m.

There were no public comments.

6. CONSENT AGENDA

All matters listed under consent agenda are considered to be routine by the Central Arizona Fire and Medical Authority Board and will be enacted by one motion. There will be no separate discussion on these items. Any item may be removed by a Board member and will be considered separately for motion, discussion, and action.

- A. Approve Regular Session Minutes - August 28, 2023
- B. Approve Executive Session Minutes - August 28, 2023
- C. Approve Special Session Minutes - September 13, 2023
- D. Approve Executive Session Minutes - September 13, 2023
- E. Approve General Fund Financial Statements
- F. Approve Fire Protection Agreements: Dunham, Geiss, Geiss, Lambson, O'Neill, Ramirez, Torstenbo

Motion to approve the Consent Agenda.

Move: Gayle Pickett Second: Rick Anderson Status: Passed

Yes: Matt Zurcher, Rick Anderson, Gayle Pickett

7. VOTE TO GO INTO EXECUTIVE SESSION

Motion to go into Executive Session at 5:33 p.m.

Move: Gayle Pickett Second: Rick Anderson Status: Passed

Yes: Matt Zurcher, Rick Anderson, Gayle Pickett

- A. Legal Advice Pursuant to A.R.S. §38-431.03(A)(3) Regarding Ambulance Certificate of Necessity (CON)
- B. Legal Advice Pursuant to A.R.S. §38-431.03(A)(3) Regarding Lawsuit and Documents Received in Connection with Same as Filed by Alvin R. Yount
- C. Legal Advice Pursuant to A.R.S. §38-431.03(A)(3) Regarding CAFMA-AMR Litigation Matter and Status of Same

8. OLD BUSINESS

- A. Discussion Regarding Ambulance Certificate of Necessity (CON)

Chair Zurcher directed Attorney Cornelius to proceed as discussed pursuant to legal advice provided in executive session.

- B. Discussion Regarding Lawsuit and Documents Received in Connection with Same as Filed by Alvin R. Yount

Chair Zurcher directed Attorney Cornelius to proceed as discussed pursuant to legal advice provided in executive session.

9. NEW BUSINESS

- A. Discussion and Possible Instructions to Counsel Regarding CAFMA-AMR Litigation

Chair Zurcher directed Attorney Cornelius to proceed as discussed pursuant to legal advice provided in executive session.

- B. Discussion and Possible Action Regarding Attorney Request for Increase in Hourly Rate Under the Fee Agreement

Attorney Cornelius stated that he cannot provide advice to the Board, as that would be a conflict of interest. He advised that due to an increase in overhead and cost of living, he is submitting a request to increase to a rate of \$285.00 per hour. Attorney Cornelius added that the last time he requested an increase in fees was in 2018.

Chair Zurcher replied that he understands the rate increase and it is justifiable due to inflation.

Motion to increase the hourly rate for legal services from \$225.00 to \$285.00 per hour under the Fee Agreement.

Move: Rick Anderson Second: Gayle Pickett Status: Passed

Yes: Matt Zurcher, Rick Anderson, Gayle Pickett

10. ADJOURNMENT

Motion to adjourn at 6:00 p.m.

Move: Gayle Pickett Second: Rick Anderson Status: Passed

Yes: Matt Zurcher, Rick Anderson, Gayle Pickett

Disabled persons needing reasonable accommodations should call 928-772-7711 prior to the scheduled meeting.

DRAFT

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
GENERAL FUND BANK RECONCILIATION SEPTEMBER, 2023

| Reconciliation: | | |
|-------------------------------------|----|----------------|
| Beginning Balance: | \$ | 3,582,426.35 |
| Fire District Deposits: | \$ | 601,717.58 |
| Interest Revenue | \$ | 45,570.44 |
| Transfer In: Fire Authority Funding | \$ | 44,692.65 |
| Disbursements: | \$ | (1,247,424.97) |
| Other: Payroll Direct Dep. | \$ | (418,148.18) |
| Other: Voided Check #756744971 | \$ | (276.28) |
| Other: | \$ | - |
| Other: | \$ | - |
| Ending Balance: | \$ | 2,608,557.59 |

Difference Between Balances: \$ -

| Bank Statement Balance: | | |
|-------------------------------------|----|--------------|
| Balance Per Bank: | \$ | 2,658,157.65 |
| Outstanding Checks: | \$ | (49,323.78) |
| Outstanding Deposits: | \$ | - |
| Outstanding Payroll Direct Deposit: | \$ | - |
| Voided Check: #756744971 | \$ | (276.28) |
| Ending Balance: | \$ | 2,608,557.59 |

G/L Ending Balance: \$ 2,608,557.59

\$ 2,608,557.59

| Deposits Per Bank Statement: | | |
|---|----|------------|
| Fire District Deposits: | \$ | 601,717.58 |
| Interest Revenue: | \$ | 45,570.44 |
| Transfer In: CHINO Fire Authority Funding | \$ | 12,440.15 |
| Transfer In: CYFD Fire Authority Funding | \$ | 32,252.50 |
| Other: | \$ | - |
| Other: | \$ | - |
| Other: | \$ | - |
| Other: | \$ | - |
| Ending Balance: | \$ | 691,980.67 |

| Bank Reconciliation Register: | | |
|---|----|--------------|
| Checks From Accounts Payable: | \$ | 1,244,236.34 |
| Other: Stop Pmt - Nationwide Check | \$ | 688.63 |
| Other: COP Administrative Fee | \$ | 2,500.00 |
| Total Checks and Charges: | \$ | 1,247,424.97 |
| Deposits From Accounts Receivable: | \$ | 597,309.83 |
| Other: GL JE for Fire Authority Funding | \$ | 44,692.65 |
| Other: Interest Revenue | \$ | 45,570.44 |
| Other: USDA Forest Service CARTA Facility Use | \$ | 4,407.75 |
| Ending Balance: | \$ | 691,980.67 |

Reconciliation Approved By:

Reconciliation Reviewed By:

Reconciliation Prepared By:

Scott Freitag
Digitally signed by Scott Freitag
Date: 2023.10.11 13:18:07
-07'00'
Scott Freitag, Fire Chief

Cody Rose
Digitally signed by Cody Rose
Date: 2023.10.11 12:52:09
-07'00'
Cody Rose, Assistant Chief of Planning and Logistics

Karen Mauldin
Digitally signed by Karen Mauldin
Date: 2023.10.09 13:29:12 -07'00'
Karen Mauldin, Finance Manager

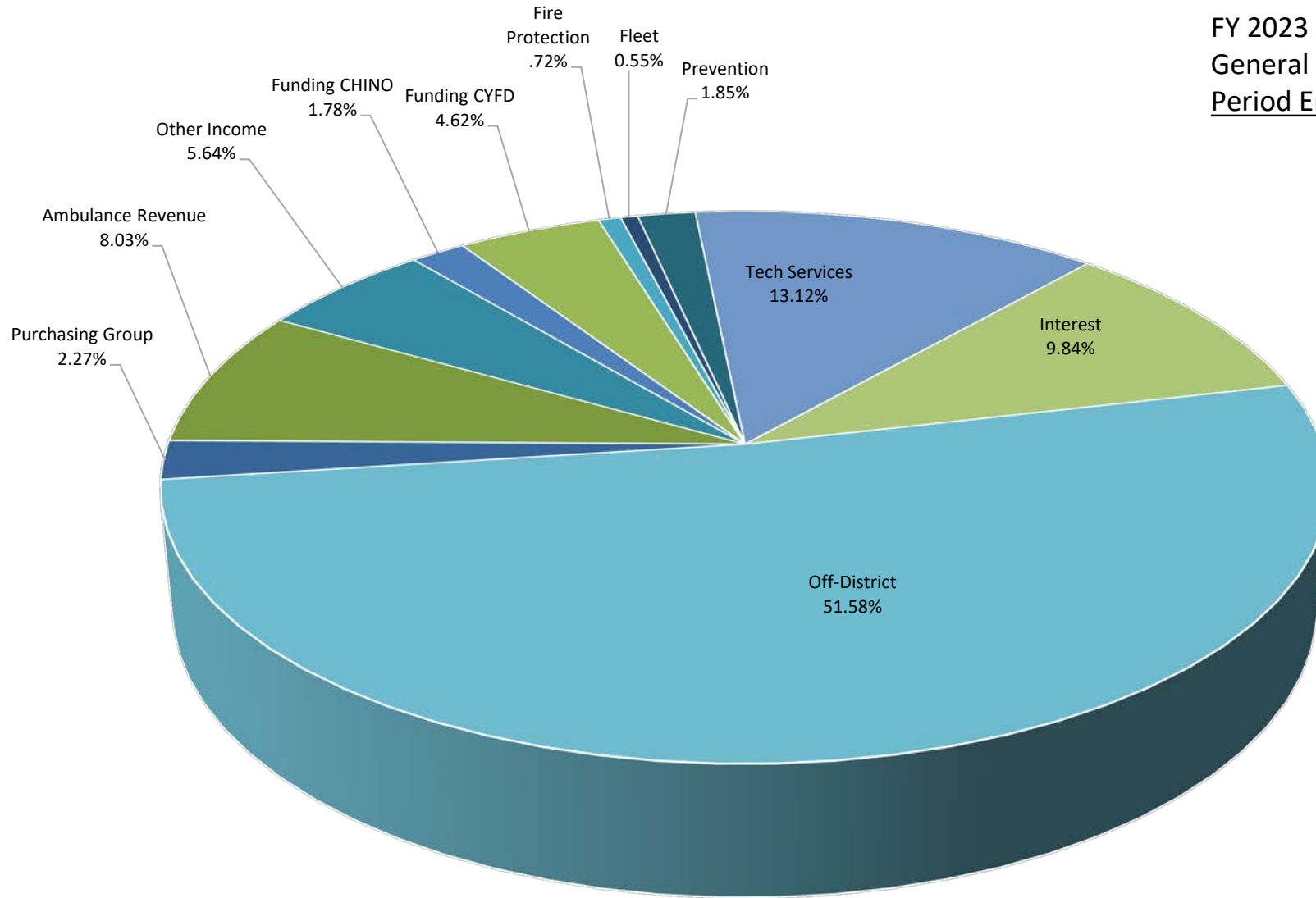
CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY

CAPITAL PROJECTS FUND FY 23-24[illegible]

**CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
REVENUE GRAPH DATA**

| | | YTD | |
|-------------------|-------------------|----------------------|---------------|
| | Revenue | Budget | % |
| Funding CHINO | \$ 12,440 | \$ 6,013,391 | 1.78 |
| Funding CYFD | \$ 32,253 | \$ 26,146,528 | 4.62 |
| Fire Protection | \$ 5,057 | \$ 180,000 | 0.72 |
| Fleet | \$ 3,826 | \$ 40,000 | 0.55 |
| CARTA | \$ - | \$ 20,000 | 0.00 |
| Prevention | \$ 12,893 | \$ 138,780 | 1.85 |
| Tech Services | \$ 91,562 | \$ 190,800 | 13.12 |
| Interest | \$ 68,681 | \$ 60,000 | 9.84 |
| Off-District | \$ 360,008 | \$ 50,000 | 51.58 |
| Purchasing Group | \$ 15,823 | \$ 210,000 | 2.27 |
| Ambulance Revenue | \$ 56,066 | \$ 2,000,000 | 8.03 |
| Other Income | \$ 39,401 | \$ 1,314,578 | 5.64 |
| TOTALS: | \$ 698,010 | \$ 36,364,077 | 100.00 |

CAFMA
FY 2023 - 2024
General Fund Revenue
Period Ending 09/30/2023

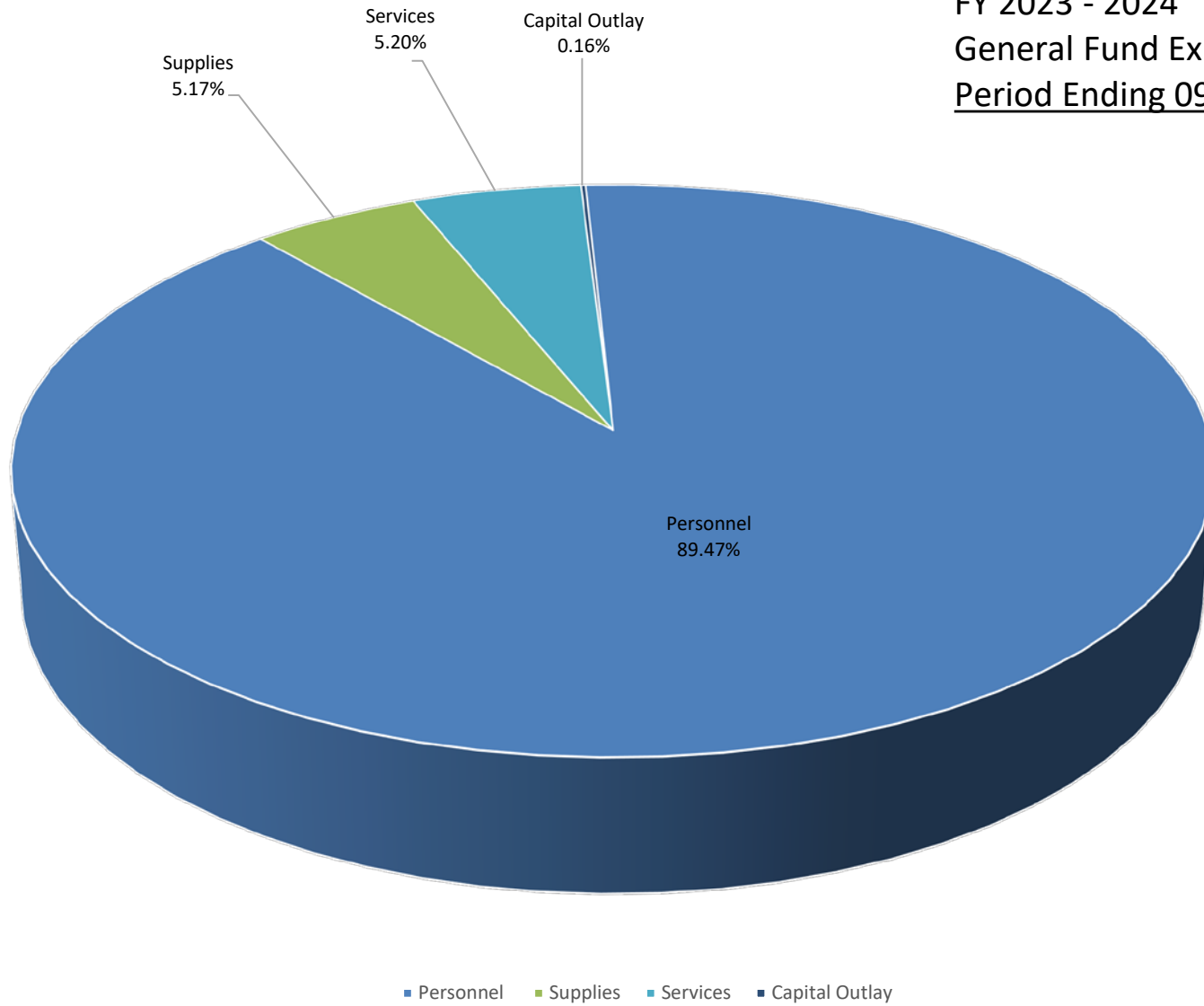


- Funding CHINO
- Funding CYFD
- Fire Protection
- Fleet
- Prevention
- Tech Services
- Interest
- Off-District
- Purchasing Group
- Ambulance Revenue
- Other Income

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
EXPENSE GRAPH DATA

| | | YTD | |
|----------------|---------------------|----------------------|---------------|
| Expense | | Budget | % |
| Personnel | \$ 1,798,194 | \$ 28,892,227 | 89.47 |
| Supplies | \$ 103,928 | \$ 3,076,478 | 5.17 |
| Services | \$ 104,479 | \$ 3,110,358 | 5.20 |
| Capital Outlay | \$ 3,129 | \$ 1,685,314 | 0.16 |
| TOTAL: | \$ 2,009,729 | \$ 36,764,377 | 100.00 |

CAFMA
FY 2023 - 2024
General Fund Expenditures
Period Ending 09/30/2023



CAFMA-Central Arizona Fire and Medical
Bank Reconciliation Summary
For the Bank Statement ending: 9/30/2023

| BANK CONTROL ID: CAFMA - GENERAL FUND | | DESC: GENERAL FUND | ACCOUNT NO: 1100 |
|---------------------------------------|----------|--------------------|-----------------------|
| Beginning Balance: | 09/01/23 | | \$4,255,992.08 |
| Deposits and Credits: | | | \$691,980.67 |
| Checks and Charges: | | | (\$2,289,815.10) |
| Adjustments: | | | \$0.00 |
| Ending Balance Per Reconciliation: | | | <u>\$2,658,157.65</u> |
| Ending Balance Per Bank Statement: | 09/30/23 | | \$2,658,157.65 |
| * Outstanding Deposits and Credits: | 09/30/23 | | \$0.00 |
| * Outstanding Checks and Charges: | 09/30/23 | | (\$49,323.78) |
| Ending Book Balance: | | | <u>\$2,608,833.87</u> |

* Outstanding amounts are all outstanding credits and charges dated prior or equal to the Reconciliation date.

CAFMA-Central Arizona Fire and Medical

BR Checks and Charges Cleared

For the Bank Statement ending: 9/30/23

| CAFMA | | General Fund | | | 1100 |
|----------|-----------|--------------------------------|--------|---------|--------------|
| Date | Document | Description | Module | Company | Amount |
| 06/26/23 | 756744971 | Yavapai Fleet Yavapai Machine | AP | CAFMA | \$276.28 |
| 08/07/23 | 756745139 | Schuster, Alan | AP | CAFMA | \$2,040.00 |
| 08/21/23 | 756745147 | TODD ABEL | AP | CAFMA | \$2,280.00 |
| 08/21/23 | 756745193 | Restored By Faith LLC | AP | CAFMA | \$140.00 |
| 08/21/23 | 756745196 | Schuster, Alan | AP | CAFMA | \$2,210.00 |
| 08/31/23 | 756745203 | A2Z Home Center, LLC | AP | CAFMA | \$35.91 |
| 08/31/23 | 756745204 | American Express, Inc. | AP | CAFMA | \$83,791.40 |
| 08/31/23 | 756745224 | Auto Trim Plus LLC | AP | CAFMA | \$2,375.19 |
| 08/31/23 | 756745225 | Best Pick Disposal, Inc | AP | CAFMA | \$537.87 |
| 08/31/23 | 756745226 | Bound Tree Medical LLC | AP | CAFMA | \$8,931.53 |
| 08/31/23 | 756745229 | Brookins, Patty | AP | CAFMA | \$250.00 |
| 08/31/23 | 756745230 | Sparklight | AP | CAFMA | \$55.54 |
| 08/31/23 | 756745231 | CAFMA Petty Cash | AP | CAFMA | \$164.60 |
| 08/31/23 | 756745232 | Chase Bank | AP | CAFMA | \$777,344.47 |
| 08/31/23 | 756745234 | City of Prescott | AP | CAFMA | \$52,294.99 |
| 08/31/23 | 756745235 | CSTOR | AP | CAFMA | \$7,817.02 |
| 08/31/23 | 756745236 | L.N. Curtis & Sons | AP | CAFMA | \$12,973.37 |
| 08/31/23 | 756745238 | Diligent Corporation | AP | CAFMA | \$2,707.31 |
| 08/31/23 | 756745239 | Driven Auto Accessories | AP | CAFMA | \$9,258.46 |
| 08/31/23 | 756745241 | FACTORY MOTOR PARTS | AP | CAFMA | \$99.54 |
| 08/31/23 | 756745242 | FEDEX | AP | CAFMA | \$21.65 |
| 08/31/23 | 756745243 | Foremost Promotions | AP | CAFMA | \$2,771.32 |
| 08/31/23 | 756745244 | Freightliner of AZ, LLC | AP | CAFMA | \$2,223.73 |
| 08/31/23 | 756745245 | Michael M. Golightly & Assoc | AP | CAFMA | \$2,810.29 |
| 08/31/23 | 756745246 | W.W. Grainger, Inc | AP | CAFMA | \$53.79 |
| 08/31/23 | 756745247 | Healthcare Medical Waste Svcs | AP | CAFMA | \$195.00 |
| 08/31/23 | 756745248 | JLS Tools, LLC | AP | CAFMA | \$151.68 |
| 08/31/23 | 756745249 | Manzanita Landscaping, Inc | AP | CAFMA | \$397.38 |
| 08/31/23 | 756745250 | Matheson Tri-Gas, Inc | AP | CAFMA | \$381.82 |
| 08/31/23 | 756745251 | Neumann High Country Doors | AP | CAFMA | \$559.26 |
| 08/31/23 | 756745252 | FULTON, DONALD | AP | CAFMA | \$85.73 |
| 08/31/23 | 756745253 | LIFE AND PROPERTY SAFETY | AP | CAFMA | \$121.00 |
| 08/31/23 | 756745254 | O'Reilly Auto Parts | AP | CAFMA | \$1,476.47 |
| 08/31/23 | 756745255 | Pacific Office Automation | AP | CAFMA | \$3,321.26 |
| 08/31/23 | 756745256 | PAPETTI SAMUELS WEISS MCKIRGAN | AP | CAFMA | \$950.00 |
| 08/31/23 | 756745257 | Prescott Steel & Welding | AP | CAFMA | \$429.01 |
| 08/31/23 | 756745258 | KUTAK ROCK LLP | AP | CAFMA | \$16,293.40 |
| 08/31/23 | 756745259 | RORICK, NORM | AP | CAFMA | \$428.10 |
| 08/31/23 | 756745260 | RWC Group | AP | CAFMA | \$6,486.81 |
| 08/31/23 | 756745261 | Besonson Tools LLC | AP | CAFMA | \$9.16 |
| 08/31/23 | 756745262 | State 48 Recycling Inc | AP | CAFMA | \$160.00 |
| 08/31/23 | 756745263 | Staples Contract & Commerc.Inc | AP | CAFMA | \$999.06 |
| 08/31/23 | 756745264 | D.G.Shoemaker & Associates Inc | AP | CAFMA | \$783.48 |
| 08/31/23 | 756745265 | Town of Prescott Valley | AP | CAFMA | \$94.64 |
| 08/31/23 | 756745266 | Unisource Energy Services | AP | CAFMA | \$324.54 |
| 08/31/23 | 756745267 | United Disposal, Inc | AP | CAFMA | \$264.00 |
| 08/31/23 | 756745269 | Wex Bank | AP | CAFMA | \$21,232.14 |
| 08/31/23 | 756745270 | Yavapai Co Comm. College Distr | AP | CAFMA | \$26,136.00 |
| 08/31/23 | 756745271 | YORK CHRYSLER DODGE JEEP RAM | AP | CAFMA | \$2,051.36 |
| 09/11/23 | 756745272 | American Express, Inc. | AP | CAFMA | \$1,380.62 |
| 09/11/23 | 756745273 | Chase Bank | AP | CAFMA | \$5,859.94 |
| 09/18/23 | 756745274 | A2Z Home Center, LLC | AP | CAFMA | \$25.14 |
| 09/18/23 | 756745275 | Able Saw, LLC | AP | CAFMA | \$797.62 |
| 09/18/23 | 756745276 | American Fence Co, Inc | AP | CAFMA | \$3,450.00 |
| 09/18/23 | 756745277 | Amsoil Inc | AP | CAFMA | \$4,316.80 |
| 09/18/23 | 756745278 | APS | AP | CAFMA | \$18,736.61 |
| 09/18/23 | 756745281 | Bennett Oil | AP | CAFMA | \$5,025.30 |
| 09/18/23 | 756745282 | Bound Tree Medical LLC | AP | CAFMA | \$10,044.28 |
| 09/18/23 | 756745284 | Bradshaw Mtn Environmental Inc | AP | CAFMA | \$530.00 |
| 09/18/23 | 756745285 | B & W Fire Security Systems | AP | CAFMA | \$1,943.50 |
| 09/18/23 | 756745286 | Sparklight | AP | CAFMA | \$1,163.00 |
| 09/18/23 | 756745287 | CARDIAC CARE PC | AP | CAFMA | \$5,500.00 |

CAFMA-Central Arizona Fire and Medical

BR Checks and Charges Cleared

For the Bank Statement ending: 9/30/23

| CAFMA | | General Fund | | | 1100 |
|-----------------------------------|-------------------|--------------------------------|--------|---------|-----------------------|
| Date | Document | Description | Module | Company | Amount |
| 09/18/23 | 756745288 | Chase Bank | AP | CAFMA | \$4,964.61 |
| 09/18/23 | 756745289 | Chase Bank | AP | CAFMA | \$842,178.39 |
| 09/18/23 | 756745291 | Chase Card Services | AP | CAFMA | \$14,561.10 |
| 09/18/23 | 756745296 | L.N. Curtis & Sons | AP | CAFMA | \$222.06 |
| 09/18/23 | 756745297 | Dish Network | AP | CAFMA | \$138.11 |
| 09/18/23 | 756745298 | EI Rey Pumping Service | AP | CAFMA | \$660.00 |
| 09/18/23 | 756745299 | Entenmann-Rovin Co | AP | CAFMA | \$1,598.45 |
| 09/18/23 | 756745301 | FEDEX | AP | CAFMA | \$185.67 |
| 09/18/23 | 756745302 | Galls LLC | AP | CAFMA | \$368.43 |
| 09/18/23 | 756745304 | GRANITE TELECOMMUNICATIONS LLC | AP | CAFMA | \$567.22 |
| 09/18/23 | 756745305 | ImageTrend | AP | CAFMA | \$2,222.29 |
| 09/18/23 | 756745306 | Jatheon Technologies Inc | AP | CAFMA | \$1,790.00 |
| 09/18/23 | 756745307 | KAIROS Health Arizona, Inc | AP | CAFMA | \$180,185.35 |
| 09/18/23 | 756745309 | Lamb Chevrolet | AP | CAFMA | \$176.34 |
| 09/18/23 | 756745310 | JLS Tools, LLC | AP | CAFMA | \$167.93 |
| 09/18/23 | 756745311 | Manzanita Landscaping, Inc | AP | CAFMA | \$1,357.18 |
| 09/18/23 | 756745312 | MAUER SEALING AND STRIPING LLC | AP | CAFMA | \$950.00 |
| 09/18/23 | 756745313 | Matheson Tri-Gas, Inc | AP | CAFMA | \$2,896.99 |
| 09/18/23 | 756745314 | MATHEW TRAVIS MAYHALL | AP | CAFMA | \$260.00 |
| 09/18/23 | 756745315 | Municipal Emergency Svcs Inc | AP | CAFMA | \$8,327.37 |
| 09/18/23 | 756745317 | MILLS, BRETT | AP | CAFMA | \$390.00 |
| 09/18/23 | 756745318 | NAPA Auto Parts | AP | CAFMA | \$1,006.78 |
| 09/18/23 | 756745321 | NFP Property and Casualty | AP | CAFMA | \$42,215.00 |
| 09/18/23 | 756745322 | Northern Arizona Inspection | AP | CAFMA | \$4,960.00 |
| 09/18/23 | 756745323 | Northern AZ Premier Termite | AP | CAFMA | \$430.00 |
| 09/18/23 | 756745326 | Pitney Bowes Global Financial | AP | CAFMA | \$137.57 |
| 09/18/23 | 756745327 | Prescott Steel & Welding | AP | CAFMA | \$515.68 |
| 09/18/23 | 756745328 | Prescott Valley Ace Hardware | AP | CAFMA | \$142.74 |
| 09/18/23 | 756745330 | The Counseling Office of | AP | CAFMA | \$9,600.00 |
| 09/18/23 | 756745331 | RWC Group | AP | CAFMA | \$8,576.02 |
| 09/18/23 | 756745333 | Sherwin Williams Company | AP | CAFMA | \$304.55 |
| 09/18/23 | 756745334 | Besonson Tools LLC | AP | CAFMA | \$38.19 |
| 09/18/23 | 756745335 | PSTrax | AP | CAFMA | \$26,833.75 |
| 09/18/23 | 756745336 | Staples Contract & Commerc.Inc | AP | CAFMA | \$75.44 |
| 09/18/23 | 756745337 | D.G.Shoemaker & Associates Inc | AP | CAFMA | \$1,878.55 |
| 09/18/23 | 756745338 | Swift Group LLC | AP | CAFMA | \$4,269.20 |
| 09/18/23 | 756745339 | Teleflex Funding LLC | AP | CAFMA | \$119.23 |
| 09/18/23 | 756745340 | The Hike Shack | AP | CAFMA | \$1,090.63 |
| 09/18/23 | 756745341 | Town of Prescott Valley | AP | CAFMA | \$140.57 |
| 09/18/23 | 756745342 | Tri Air Testing | AP | CAFMA | \$4,728.00 |
| 09/18/23 | 756745343 | Unisource Energy Services | AP | CAFMA | \$104.99 |
| 09/25/23 | 756744971 | Yavapai Fleet Yavapai Machine | AP | CAFMA | (\$276.28) |
| 09/30/23 | Cash With Yav Cty | Stop Pmt on Nationwide Ck #510 | GL | CAFMA | \$688.63 |
| 09/30/23 | Cash With Yav Cty | COP Administrative Fee | GL | CAFMA | \$2,500.00 |
| TOTAL CHECKS AND CHARGES CLEARED: | | | | | \$2,289,815.10 |

CAFMA-Central Arizona Fire and Medical

BR Checks and Charges Outstanding

For the Bank Statement ending: 9/30/23

| CAFMA | | General Fund | | | 1100 |
|---------------------------------------|-----------|--------------------------------|--------|---------|-------------|
| Date | Document | Description | Module | Company | Amount |
| 05/15/23 | 756744742 | Curtis Tools for Heroes | AP | CAFMA | \$2,984.98 |
| 06/26/23 | 756744943 | Motorola Solutions Inc | AP | CAFMA | \$4,875.37 |
| 08/21/23 | 756745169 | Codan Radio Communications | AP | CAFMA | \$26,668.00 |
| 08/31/23 | 756745240 | FAS-BREAK INC | AP | CAFMA | \$89.00 |
| 08/31/23 | 756745268 | Viscardi, Karen | AP | CAFMA | \$301.00 |
| 09/18/23 | 756745280 | Arizona Dept. of Public Safety | AP | CAFMA | \$220.00 |
| 09/18/23 | 756745300 | FACTORY MOTOR PARTS | AP | CAFMA | \$292.10 |
| 09/18/23 | 756745303 | GovInvest Inc | AP | CAFMA | \$7,172.64 |
| 09/18/23 | 756745308 | Kevin Lollar Electric, LLC | AP | CAFMA | \$1,254.97 |
| 09/18/23 | 756745324 | O'Reilly Auto Parts | AP | CAFMA | \$265.23 |
| 09/18/23 | 756745329 | Republic EVS | AP | CAFMA | \$371.54 |
| 09/18/23 | 756745332 | Safeguard Business Systems | AP | CAFMA | \$412.70 |
| 09/18/23 | 756745344 | Verizon Wireless | AP | CAFMA | \$4,416.25 |
| TOTAL CHECKS AND CHARGES OUTSTANDING: | | | | | \$49,323.78 |

CAFMA-Central Arizona Fire and Medical
BR Deposits and Credits Cleared
For the Bank Statement ending: 9/30/23

| CAFMA | | General Fund | | | 1100 |
|-------------------------------------|-------------------|--------------------------------|--------|---------|--------------|
| Date | Document | Description | Module | Company | Amount |
| 09/07/23 | 4398 | Deposit | AR | CAFMA | \$357,766.71 |
| 09/07/23 | 4404 | Deposit | AR | CAFMA | \$14,398.37 |
| 09/07/23 | 4405 | Deposit | AR | CAFMA | \$260.00 |
| 09/14/23 | 4399 | Deposit | AR | CAFMA | \$18,050.45 |
| 09/14/23 | 4401 | Deposit | AR | CAFMA | \$8,960.19 |
| 09/14/23 | 4402 | Deposit | AR | CAFMA | \$589.00 |
| 09/14/23 | 4403 | Deposit | AR | CAFMA | \$1,113.00 |
| 09/21/23 | 4410 | Deposit | AR | CAFMA | \$63,147.88 |
| 09/21/23 | 4413 | Deposit | AR | CAFMA | \$2,632.00 |
| 09/21/23 | 4416 | Deposit | AR | CAFMA | \$38,800.00 |
| 09/26/23 | 4411 | Deposit | AR | CAFMA | \$90,884.23 |
| 09/26/23 | 4415 | Deposit | AR | CAFMA | \$583.00 |
| 09/27/23 | 4414 | Deposit | AR | CAFMA | \$125.00 |
| 09/30/23 | Cash With Yav Cty | Fire Authority Funding | GL | CAFMA | \$44,692.65 |
| 09/30/23 | Cash With Yav Cty | USDA Forest Service Facility U | GL | CAFMA | \$4,407.75 |
| 09/30/23 | Cash With Yav Cty | GF Interest Revenue - Septembe | GL | CAFMA | \$45,570.44 |
| TOTAL DEPOSITS AND CREDITS CLEARED: | | | | | \$691,980.67 |

CAFMA-Central Arizona Fire and Medical
BR Deposits and Credits Outstanding
For the Bank Statement ending:

| Date | Document | Description | Module | Company | Amount |
|------|----------|-------------|--------|---------|--------|
|------|----------|-------------|--------|---------|--------|

TOTAL DEPOSITS AND CREDITS OUTSTANDING:

Bank Reconciliation Register

| Document Number | Date | BR Status | Void? | Description | Date Cleared | Amount |
|--|----------|-----------|-------|--------------------------------|--------------|--------------|
| MODULE: CHECKS FROM ACCOUNTS PAYABLE | | | | | | |
| BANK CONTROL ID: CAFMA - GENERAL FUND | | | | | | |
| 756744971 | 09/25/23 | Marked | Yes | Yavapai Fleet Yavapai Machine | 10/09/23 | (\$276.28) |
| 756745272 | 09/11/23 | Marked | No | American Express, Inc. | 10/09/23 | \$1,380.62 |
| 756745273 | 09/11/23 | Marked | No | Chase Bank | 10/09/23 | \$5,859.94 |
| 756745274 | 09/18/23 | Marked | No | A2Z Home Center, LLC | 10/09/23 | \$25.14 |
| 756745275 | 09/18/23 | Marked | No | Able Saw, LLC | 10/09/23 | \$797.62 |
| 756745276 | 09/18/23 | Marked | No | American Fence Co, Inc | 10/09/23 | \$3,450.00 |
| 756745277 | 09/18/23 | Marked | No | Amsoil Inc | 10/09/23 | \$4,316.80 |
| 756745278 | 09/18/23 | Marked | No | APS | 10/09/23 | \$18,736.61 |
| 756745280 | 09/18/23 | Retrieved | No | Arizona Dept. of Public Safety | | \$220.00 |
| 756745281 | 09/18/23 | Marked | No | Bennett Oil | 10/09/23 | \$5,025.30 |
| 756745282 | 09/18/23 | Marked | No | Bound Tree Medical LLC | 10/09/23 | \$10,044.28 |
| 756745284 | 09/18/23 | Marked | No | Bradshaw Mtn Environmental Inc | 10/09/23 | \$530.00 |
| 756745285 | 09/18/23 | Marked | No | B & W Fire Security Systems | 10/09/23 | \$1,943.50 |
| 756745286 | 09/18/23 | Marked | No | Sparklight | 10/09/23 | \$1,163.00 |
| 756745287 | 09/18/23 | Marked | No | CARDIAC CARE PC | 10/09/23 | \$5,500.00 |
| 756745288 | 09/18/23 | Marked | No | Chase Bank | 10/09/23 | \$4,964.61 |
| 756745289 | 09/18/23 | Marked | No | Chase Bank | 10/09/23 | \$842,178.39 |
| 756745291 | 09/18/23 | Marked | No | Chase Card Services | 10/09/23 | \$14,561.10 |
| 756745296 | 09/18/23 | Marked | No | L.N. Curtis & Sons | 10/09/23 | \$222.06 |
| 756745297 | 09/18/23 | Marked | No | Dish Network | 10/09/23 | \$138.11 |
| 756745298 | 09/18/23 | Marked | No | El Rey Pumping Service | 10/09/23 | \$660.00 |
| 756745299 | 09/18/23 | Marked | No | Entenmann-Rovin Co | 10/09/23 | \$1,598.45 |
| 756745300 | 09/18/23 | Retrieved | No | FACTORY MOTOR PARTS | | \$292.10 |
| 756745301 | 09/18/23 | Marked | No | FEDEX | 10/09/23 | \$185.67 |
| 756745302 | 09/18/23 | Marked | No | Galls LLC | 10/09/23 | \$368.43 |
| 756745303 | 09/18/23 | Retrieved | No | GovInvest Inc | | \$7,172.64 |
| 756745304 | 09/18/23 | Marked | No | GRANITE TELECOMMUNICATIONS LLC | 10/09/23 | \$567.22 |
| 756745305 | 09/18/23 | Marked | No | ImageTrend | 10/09/23 | \$2,222.29 |
| 756745306 | 09/18/23 | Marked | No | Jatheon Technologies Inc | 10/09/23 | \$1,790.00 |
| 756745307 | 09/18/23 | Marked | No | KAIROS Health Arizona, Inc | 10/09/23 | \$180,185.35 |
| 756745308 | 09/18/23 | Retrieved | No | Kevin Lollar Electric, LLC | | \$1,254.97 |
| 756745309 | 09/18/23 | Marked | No | Lamb Chevrolet | 10/09/23 | \$176.34 |
| 756745310 | 09/18/23 | Marked | No | JLS Tools, LLC | 10/09/23 | \$167.93 |
| 756745311 | 09/18/23 | Marked | No | Manzanita Landscaping, Inc | 10/09/23 | \$1,357.18 |
| 756745312 | 09/18/23 | Marked | No | MAUER SEALING AND STRIPING LLC | 10/09/23 | \$950.00 |
| 756745313 | 09/18/23 | Marked | No | Matheson Tri-Gas, Inc | 10/09/23 | \$2,896.99 |
| 756745314 | 09/18/23 | Marked | No | MATHEW TRAVIS MAYHALL | 10/09/23 | \$260.00 |
| 756745315 | 09/18/23 | Marked | No | Municipal Emergency Svcs Inc | 10/09/23 | \$8,327.37 |
| 756745317 | 09/18/23 | Marked | No | MILLS, BRETT | 10/09/23 | \$390.00 |
| 756745318 | 09/18/23 | Marked | No | NAPA Auto Parts | 10/09/23 | \$1,006.78 |
| 756745321 | 09/18/23 | Marked | No | NFP Property and Casualty | 10/09/23 | \$42,215.00 |
| 756745322 | 09/18/23 | Marked | No | Northern Arizona Inspection | 10/09/23 | \$4,960.00 |
| 756745323 | 09/18/23 | Marked | No | Northern AZ Premier Termite | 10/09/23 | \$430.00 |
| 756745324 | 09/18/23 | Retrieved | No | O'Reilly Auto Parts | | \$265.23 |
| 756745326 | 09/18/23 | Marked | No | Pitney Bowes Global Financial | 10/09/23 | \$137.57 |
| 756745327 | 09/18/23 | Marked | No | Prescott Steel & Welding | 10/09/23 | \$515.68 |
| 756745328 | 09/18/23 | Marked | No | Prescott Valley Ace Hardware | 10/09/23 | \$142.74 |
| 756745329 | 09/18/23 | Retrieved | No | Republic EVS | | \$371.54 |
| 756745330 | 09/18/23 | Marked | No | The Counseling Office of | 10/09/23 | \$9,600.00 |
| 756745331 | 09/18/23 | Marked | No | RWC Group | 10/09/23 | \$8,576.02 |
| 756745332 | 09/18/23 | Retrieved | No | Safeguard Business Systems | | \$412.70 |
| 756745333 | 09/18/23 | Marked | No | Sherwin Williams Company | 10/09/23 | \$304.55 |
| 756745334 | 09/18/23 | Marked | No | Besonson Tools LLC | 10/09/23 | \$38.19 |
| 756745335 | 09/18/23 | Marked | No | PSTrax | 10/09/23 | \$26,833.75 |
| 756745336 | 09/18/23 | Marked | No | Staples Contract & Commerc.Inc | 10/09/23 | \$75.44 |
| 756745337 | 09/18/23 | Marked | No | D.G.Shoemaker & Associates Inc | 10/09/23 | \$1,878.55 |
| 756745338 | 09/18/23 | Marked | No | Swift Group LLC | 10/09/23 | \$4,269.20 |
| 756745339 | 09/18/23 | Marked | No | Teleflex Funding LLC | 10/09/23 | \$119.23 |
| 756745340 | 09/18/23 | Marked | No | The Hike Shack | 10/09/23 | \$1,090.63 |
| 756745341 | 09/18/23 | Marked | No | Town of Prescott Valley | 10/09/23 | \$140.57 |
| 756745342 | 09/18/23 | Marked | No | Tri Air Testing | 10/09/23 | \$4,728.00 |
| 756745343 | 09/18/23 | Marked | No | Unisource Energy Services | 10/09/23 | \$104.99 |

Bank Reconciliation Register

| Document Number | Date | BR Status | Void? | Description | Date Cleared | Amount |
|-----------------|------|-----------|-------|-------------|--------------|--------|
|-----------------|------|-----------|-------|-------------|--------------|--------|

MODULE: CHECKS FROM ACCOUNTS PAYABLE

| | | | | | | |
|---------------------------------------|----------|-----------|----|------------------|--|----------------|
| BANK CONTROL ID: CAFMA - GENERAL FUND | | | | | | (CONTINUED) |
| 756745344 | 09/18/23 | Retrieved | No | Verizon Wireless | | \$4,416.25 |
| SUB TOTAL FOR BANK: | | | | | | \$1,244,236.34 |
| TOTAL FOR MODULE: | | | | | | \$1,244,236.34 |

MODULE: DEPOSITS FROM ACCOUNTS RECEIVABLE

| | | | | | | |
|---------------------------------------|----------|--------|----|---------|----------|--------------|
| BANK CONTROL ID: CAFMA - GENERAL FUND | | | | | | |
| 4398 | 09/07/23 | Marked | No | Deposit | 10/09/23 | \$357,766.71 |
| 4399 | 09/14/23 | Marked | No | Deposit | 10/09/23 | \$18,050.45 |
| 4401 | 09/14/23 | Marked | No | Deposit | 10/09/23 | \$8,960.19 |
| 4402 | 09/14/23 | Marked | No | Deposit | 10/09/23 | \$589.00 |
| 4403 | 09/14/23 | Marked | No | Deposit | 10/09/23 | \$1,113.00 |
| 4404 | 09/07/23 | Marked | No | Deposit | 10/09/23 | \$14,398.37 |
| 4405 | 09/07/23 | Marked | No | Deposit | 10/09/23 | \$260.00 |
| 4410 | 09/21/23 | Marked | No | Deposit | 10/09/23 | \$63,147.88 |
| 4411 | 09/26/23 | Marked | No | Deposit | 10/09/23 | \$90,884.23 |
| 4413 | 09/21/23 | Marked | No | Deposit | 10/09/23 | \$2,632.00 |
| 4414 | 09/27/23 | Marked | No | Deposit | 10/09/23 | \$125.00 |
| 4415 | 09/26/23 | Marked | No | Deposit | 10/09/23 | \$583.00 |
| 4416 | 09/21/23 | Marked | No | Deposit | 10/09/23 | \$38,800.00 |
| SUB TOTAL FOR BANK: | | | | | | \$597,309.83 |
| TOTAL FOR MODULE: | | | | | | \$597,309.83 |

MODULE: JOURNAL ENTRIES FROM GENERAL LEDGER

| | | | | | | |
|---------------------------------------|----------|--------|----|--------------------------------|----------|-------------|
| BANK CONTROL ID: CAFMA - GENERAL FUND | | | | | | |
| Cash With Yav Cty | 09/30/23 | Marked | No | Fire Authority Funding | 10/09/23 | \$44,692.65 |
| Cash With Yav Cty | 09/30/23 | Marked | No | Stop Pmt on Nationwide Ck #510 | 10/09/23 | \$688.63 |
| Cash With Yav Cty | 09/30/23 | Marked | No | USDA Forest Service Facility U | 10/09/23 | \$4,407.75 |
| Cash With Yav Cty | 09/30/23 | Marked | No | GF Interest Revenue - Septembe | 10/09/23 | \$45,570.44 |
| Cash With Yav Cty | 09/30/23 | Marked | No | COP Administrative Fee | 10/09/23 | \$2,500.00 |
| SUB TOTAL FOR BANK: | | | | | | \$97,859.47 |
| TOTAL FOR MODULE: | | | | | | \$97,859.47 |

CAFMA-Central Arizona Fire and Medical
BR Adjustments Report
For the Bank Statement ending:

| Date | Document | Description | GL Account | Offset Amt | Adj. Amt |
|------|----------|-------------|------------|------------|----------|
|------|----------|-------------|------------|------------|----------|

DOCUMENT:

ADJUSTMENT DOCUMENT " TOTAL:

TOTAL FOR ALL ADJUSTMENTS:

10/9/23
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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Current Period | | | | | Year To Date | | | |
|---|----------------|---------------------|---------------|---------------------|--------------|------------------------|------------------------|-------------------------|---------------|
| | Account | Actual | Budget | Variance | % | Actual | Budget | Variance | % |
| <u>Revenues</u> | | | | | | | | | |
| CVFD Funding Requirement | 10310000000 | \$12,440.15 | \$0.00 | \$12,440.15 | 0.0% | \$5,754,186.31 | \$6,013,391.00 | \$(259,204.69) | (4.3)% |
| CYFD Funding Requirement | 10320000000 | 32,252.50 | 0.00 | 32,252.50 | 0.0 | 23,976,827.64 | 26,146,528.00 | (2,169,700.36) | (8.3) |
| Fire Protection Contracts | 10400100000 | 5,057.02 | 0.00 | 5,057.02 | 0.0 | 244,425.07 | 180,000.00 | 64,425.07 | 35.8 |
| Outside Agency Work-Vehicle Maint | 10430000000 | 3,825.72 | 0.00 | 3,825.72 | 0.0 | 19,086.57 | 40,000.00 | (20,913.43) | (52.3) |
| Construction Permits | 10440000000 | 9,929.00 | 0.00 | 9,929.00 | 0.0 | 218,393.64 | 100,000.00 | 118,393.64 | 118.4 |
| Operational Permits | 10442500000 | 1,671.00 | 0.00 | 1,671.00 | 0.0 | 15,138.33 | 10,000.00 | 5,138.33 | 51.4 |
| Special Events | 10443000000 | 1,293.00 | 0.00 | 1,293.00 | 0.0 | 12,895.00 | 2,680.00 | 10,215.00 | 381.2 |
| State of AZ/Off-District Fires | 10480000000 | 360,007.99 | 0.00 | 360,007.99 | 0.0 | 2,043,417.68 | 50,000.00 | 1,993,417.68 | 3986.8 |
| Interest Income-General Fund | 10490000000 | 45,570.44 | 0.00 | 45,570.44 | 0.0 | 310,875.18 | 60,000.00 | 250,875.18 | 418.1 |
| Interest Income-Cap Rsv Fund | 10490100000 | 23,110.59 | 0.00 | 23,110.59 | 0.0 | 236,999.56 | 0.00 | 236,999.56 | 0.0 |
| Interest Revenue-PSPRS Cont Res Fund | 10490200000 | 0.00 | 0.00 | 0.00 | 0.0 | 33,155.87 | 0.00 | 33,155.87 | 0.0 |
| Misc. Revenues | 10510000000 | 601.18 | 0.00 | 601.18 | 0.0 | 200,734.17 | 10,900.00 | 189,834.17 | 1741.6 |
| Ambulance Revenue | 10511000000 | 56,066.19 | 0.00 | 56,066.19 | 0.0 | 201,141.27 | 2,000,000.00 | (1,798,858.73) | (89.9) |
| Cancer Insurance Premium | 10511500000 | 0.00 | 0.00 | 0.00 | 0.0 | 10,333.00 | 0.00 | 10,333.00 | 0.0 |
| PAWUIC/ Defensible Space Reimbursements | 10512531000 | 0.00 | 0.00 | 0.00 | 0.0 | 11,029.37 | 24,000.00 | (12,970.63) | (54.0) |
| Tech Services Contracting Revenue | 10514041000 | 91,561.75 | 0.00 | 91,561.75 | 0.0 | 261,201.55 | 180,800.00 | 80,401.55 | 44.5 |
| Supplies for Outside Agency Work | 10514141000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 10,000.00 | (10,000.00) | (100.0) |
| Smart & Safe Prop 207 Revenue | 10530000000 | 0.00 | 0.00 | 0.00 | 0.0 | 361,428.05 | 420,000.00 | (58,571.95) | (13.9) |
| Rebates/Refunds | 10535000000 | 0.00 | 0.00 | 0.00 | 0.0 | 10,056.48 | 0.00 | 10,056.48 | 0.0 |
| Donations | 10540000000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,600.00 | 500.00 | 1,100.00 | 220.0 |
| Grants-FEMA- SAFER | 10543000000 | 0.00 | 0.00 | 0.00 | 0.0 | 20,265.11 | 847,178.00 | (826,912.89) | (97.6) |
| Grants - Miscellaneous | 10543010000 | 0.00 | 0.00 | 0.00 | 0.0 | 11,900.00 | 0.00 | 11,900.00 | 0.0 |
| Misc. Prevention | 10560000000 | 0.00 | 0.00 | 0.00 | 0.0 | 160.00 | 2,100.00 | (1,940.00) | (92.4) |
| Warehouse Purchasing Group | 10570000000 | 15,823.43 | 0.00 | 15,823.43 | 0.0 | 165,254.37 | 210,000.00 | (44,745.63) | (21.3) |
| 61 Lease Revenue | 10585500000 | 0.00 | 0.00 | 0.00 | 0.0 | 32,976.00 | 36,000.00 | (3,024.00) | (8.4) |
| CARTA Classes | 10590000000 | 0.00 | 0.00 | 0.00 | 0.0 | 15,075.00 | 10,000.00 | 5,075.00 | 50.8 |
| CPR/EMS classes | 10590500000 | 0.00 | 0.00 | 0.00 | 0.0 | 3,412.50 | 10,000.00 | (6,587.50) | (65.9) |
| Restitution Recovery | 10595000000 | 38,800.00 | 0.00 | 38,800.00 | 0.0 | 38,800.00 | 0.00 | 38,800.00 | 0.0 |
| Net Revenues | | \$698,009.96 | \$0.00 | \$698,009.96 | 0.0 % | \$34,210,767.72 | \$36,364,077.00 | \$(2,153,309.28) | (5.9)% |
| <u>Personnel Expenses</u> | | | | | | | | | |
| Salaries/Admin | 10610010000 | \$129,580.49 | \$0.00 | \$(129,580.49) | 0.0% | \$1,327,612.25 | \$1,078,202.00 | \$(249,410.25) | (23.1)% |
| Salaries/Prevention | 10610020000 | 25,288.24 | 0.00 | (25,288.24) | 0.0 | 422,232.45 | 420,508.00 | (1,724.45) | (0.4) |
| Salaries/Operations | 10610030000 | 733,845.66 | 0.00 | (733,845.66) | 0.0 | 11,041,615.91 | 10,853,994.00 | (187,621.91) | (1.7) |
| Salaries/Training | 10610035000 | 19,791.44 | 0.00 | (19,791.44) | 0.0 | 291,081.79 | 277,003.00 | (14,078.79) | (5.1) |
| Salaries/Communications | 10610041000 | 34,999.20 | 0.00 | (34,999.20) | 0.0 | 532,551.78 | 601,076.00 | 68,524.22 | 11.4 |
| Salaries/Facilities Maintenance | 10610043000 | 11,132.80 | 0.00 | (11,132.80) | 0.0 | 169,104.88 | 148,096.00 | (21,008.88) | (14.2) |
| Salaries/Fleet Maint | 10610048000 | 31,424.00 | 0.00 | (31,424.00) | 0.0 | 459,026.55 | 410,200.00 | (48,826.55) | (11.9) |

10/9/23
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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|--|-------------|------------|--------------------------|-------------|-----|------------|------------------------|-------------|---------|
| Salaries/Warehouse | 10610049000 | 13,987.20 | 0.00 | (13,987.20) | 0.0 | 213,446.78 | 185,133.00 | (28,313.78) | (15.3) |
| Salaries - Ambulance | 10610050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 809,488.00 | 809,488.00 | 100.0 |
| Salaries/Community Relations | 10610060000 | 4,507.20 | 0.00 | (4,507.20) | 0.0 | 13,521.60 | 59,401.00 | 45,879.40 | 77.2 |
| CEO/ Fire Chief | 10610110000 | 14,493.16 | 0.00 | (14,493.16) | 0.0 | 219,211.47 | 188,411.00 | (30,800.47) | (16.3) |
| Special Detail/Prevention | 10610320000 | 0.00 | 0.00 | 0.00 | 0.0 | 140.00 | 0.00 | (140.00) | 0.0 |
| Special Detail/Fire Pals | 10610320400 | 0.00 | 0.00 | 0.00 | 0.0 | 11,000.00 | 12,600.00 | 1,600.00 | 12.7 |
| Special Detail/ Babysitting Classes | 10610320402 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 250.00 | 250.00 | 100.0 |
| Special Detail/Prev/Spec Ev Assign Pay | 10610320403 | 0.00 | 0.00 | 0.00 | 0.0 | 630.00 | 2,000.00 | 1,370.00 | 68.5 |
| Special Detail / OPS | 10610330000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,340.00 | 0.00 | (1,340.00) | 0.0 |
| Spec Det/Ops CPR Prgrm Int/Ext | 10610330425 | 0.00 | 0.00 | 0.00 | 0.0 | 5,030.00 | 5,000.00 | (30.00) | (0.6) |
| Telestaff Maintenance | 10610330426 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,000.00 | 2,000.00 | 100.0 |
| Spec Det/Ops CISD Program Shift Peers | 10610330435 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 500.00 | 500.00 | 100.0 |
| Spec Det/Ops/Tower Work | 10610330439 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,000.00 | 2,000.00 | 100.0 |
| Spec Det/Ops Haz Mat Program | 10610330440 | 0.00 | 0.00 | 0.00 | 0.0 | 320.00 | 625.00 | 305.00 | 48.8 |
| Spec Det/Ops Hose Program | 10610330441 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 500.00 | 500.00 | 100.0 |
| Spec Det/Ops SCBA Program | 10610330442 | 0.00 | 0.00 | 0.00 | 0.0 | 120.00 | 6,500.00 | 6,380.00 | 98.2 |
| Spec Det/Ops Recruit Academy | 10610330447 | 0.00 | 0.00 | 0.00 | 0.0 | 44,157.81 | 44,000.00 | (157.81) | (0.4) |
| Spec Det/Ops Promo Testing | 10610330449 | 2,720.00 | 0.00 | (2,720.00) | 0.0 | 11,820.00 | 8,250.00 | (3,570.00) | (43.3) |
| Spec Det/ Ops Misc. | 10610330452 | 1,530.00 | 0.00 | (1,530.00) | 0.0 | 38,902.96 | 8,000.00 | (30,902.96) | (386.3) |
| Spec Duty Training | 10610335476 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,600.00 | 2,600.00 | 100.0 |
| Spec Det/Trng Instr CARTA | 10610335479 | 560.00 | 0.00 | (560.00) | 0.0 | 15,030.00 | 5,000.00 | (10,030.00) | (200.6) |
| Spec Det/ In House EMS Training | 10610335482 | 280.00 | 0.00 | (280.00) | 0.0 | 10,520.00 | 15,000.00 | 4,480.00 | 29.9 |
| Spec Det/Tower Rescue/Instructor | 10610335483 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,000.00 | 1,000.00 | 100.0 |
| Spec Det/ Warehouse | 10610349451 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 5,600.00 | 5,600.00 | 100.0 |
| Special Detail - Ambulance | 10610350000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,000.00 | 2,000.00 | 100.0 |
| Acting Pay - Administration | 10610410000 | 40.00 | 0.00 | (40.00) | 0.0 | 587.89 | 0.00 | (587.89) | 0.0 |
| Acting Pay - Prevention | 10610420000 | 0.00 | 0.00 | 0.00 | 0.0 | 91.43 | 500.00 | 408.57 | 81.7 |
| Acting Pay - Ops | 10610430000 | 4,190.50 | 0.00 | (4,190.50) | 0.0 | 59,892.70 | 52,560.00 | (7,332.70) | (14.0) |
| Acting Pay - CARTA | 10610435000 | 0.00 | 0.00 | 0.00 | 0.0 | 20.00 | 0.00 | (20.00) | 0.0 |
| Acting Pay - Tech Services | 10610441000 | 0.00 | 0.00 | 0.00 | 0.0 | 40.00 | 0.00 | (40.00) | 0.0 |
| Acting Pay - Fleet Maintenance | 10610448000 | 0.00 | 0.00 | 0.00 | 0.0 | 200.00 | 400.00 | 200.00 | 50.0 |
| Acting Pay - Warehouse | 10610449000 | 0.00 | 0.00 | 0.00 | 0.0 | 80.00 | 0.00 | (80.00) | 0.0 |
| Supervisory Assignment - Ambulance | 10610450000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,000.00 | 1,000.00 | 100.0 |
| Vacation/ Sick Leave Buy Back | 10610530000 | 0.00 | 0.00 | 0.00 | 0.0 | 122,674.69 | 300,000.00 | 177,325.31 | 59.1 |
| O.T. Salaries/Admin | 10611010000 | 3,229.82 | 0.00 | (3,229.82) | 0.0 | 12,388.27 | 9,000.00 | (3,388.27) | (37.6) |
| O.T. Salaries/ Prevention | 10611020000 | 0.00 | 0.00 | 0.00 | 0.0 | 7,143.74 | 15,000.00 | 7,856.26 | 52.4 |
| Recall O.T./Operations | 10611030000 | 1,125.89 | 0.00 | (1,125.89) | 0.0 | 44,575.65 | 30,000.00 | (14,575.65) | (48.6) |
| SWAT Response / Coverage | 10611030250 | (4,512.88) | 0.00 | 4,512.88 | 0.0 | (5,635.11) | 9,000.00 | 14,635.11 | 162.6 |
| O.T. Salaries/CARTA | 10611035000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,141.83 | 2,828.00 | 1,686.17 | 59.6 |

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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|--|-------------|------------|--------------------------|--------------|-----|--------------|------------------------|----------------|----------|
| O.T. Salaries/Tech Sevicees | 10611041000 | 1,104.83 | 0.00 | (1,104.83) | 0.0 | 42,200.77 | 25,000.00 | (17,200.77) | (68.8) |
| O.T. Salaries/Comm-Outside Agency | 10611041561 | (3,074.74) | 0.00 | 3,074.74 | 0.0 | (5,584.82) | 0.00 | 5,584.82 | 0.0 |
| O.T. Salaries/Facilities Maintenance | 10611043000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 5,000.00 | 5,000.00 | 100.0 |
| O.T. Salaries/ Fleet Maintenance | 10611048000 | 2,839.11 | 0.00 | (2,839.11) | 0.0 | 17,297.16 | 23,000.00 | 5,702.84 | 24.8 |
| O.T. Salaries/Warehouse | 10611049000 | 1,059.55 | 0.00 | (1,059.55) | 0.0 | 2,138.20 | 10,000.00 | 7,861.80 | 78.6 |
| Overtime - Ambulance | 10611050000 | 43,768.66 | 0.00 | (43,768.66) | 0.0 | 253,615.70 | 40,474.00 | (213,141.70) | (526.6) |
| Overtime/Community Relations | 10611060000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 5,000.00 | 5,000.00 | 100.0 |
| FLSA Pay | 10611130000 | 51,030.81 | 0.00 | (51,030.81) | 0.0 | 744,651.83 | 882,984.00 | 138,332.17 | 15.7 |
| Shift O.T./Operations | 10611230000 | 0.00 | 0.00 | 0.00 | 0.0 | 974.16 | 0.00 | (974.16) | 0.0 |
| Shift OT Sal/Ops/Rte Shft Cov(AD,SL,FMLA | 10611230200 | 39,666.88 | 0.00 | (39,666.88) | 0.0 | 914,187.16 | 552,700.00 | (361,487.16) | (65.4) |
| Off District Wildland Fires | 10611431000 | 97,414.84 | 0.00 | (97,414.84) | 0.0 | 924,338.63 | 50,000.00 | (874,338.63) | (1748.7) |
| Off District Coverage | 10611431100 | 45,367.53 | 0.00 | (45,367.53) | 0.0 | 45,367.53 | 0.00 | (45,367.53) | 0.0 |
| Training Captain OT | 10611535300 | 1,466.26 | 0.00 | (1,466.26) | 0.0 | 32,445.91 | 35,200.00 | 2,754.09 | 7.8 |
| Trng Cov/Special Duty Pay | 10611535304 | 0.00 | 0.00 | 0.00 | 0.0 | 5,864.40 | 4,950.00 | (914.40) | (18.5) |
| Trng Cov/EVOC Driver Training Inst Pay | 10611535307 | 0.00 | 0.00 | 0.00 | 0.0 | 8,218.14 | 2,500.00 | (5,718.14) | (228.7) |
| Trng Cov/Swift Water Training Officers | 10611535380 | 0.00 | 0.00 | 0.00 | 0.0 | 6,096.24 | 2,500.00 | (3,596.24) | (143.8) |
| Trng Cov/OT Eng Co Trng Coverage | 10611835330 | 627.48 | 0.00 | (627.48) | 0.0 | 3,404.32 | 20,000.00 | 16,595.68 | 83.0 |
| Trng Cov/ OT Special Ops Training | 10611835336 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 3,000.00 | 3,000.00 | 100.0 |
| Trng Cov/ OT TRT/ HAZ MAT Training | 10611835338 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 12,000.00 | 12,000.00 | 100.0 |
| ASRS Retirement/Admin | 10612910000 | 9,742.75 | 0.00 | (9,742.75) | 0.0 | 137,700.08 | 96,672.00 | (41,028.08) | (42.4) |
| ASRS Retirement/Prevention | 10612920000 | 578.68 | 0.00 | (578.68) | 0.0 | 23,319.86 | 54,869.00 | 31,549.14 | 57.5 |
| ASRS Retirement/Training | 10612935000 | 402.53 | 0.00 | (402.53) | 0.0 | 5,992.70 | 5,045.00 | (947.70) | (18.8) |
| ASRS Retirement/Tech Services | 10612941000 | 4,712.29 | 0.00 | (4,712.29) | 0.0 | 74,462.25 | 76,193.00 | 1,730.75 | 2.3 |
| ASRS Retirement/Facilities Maintenance | 10612943000 | 1,453.04 | 0.00 | (1,453.04) | 0.0 | 22,206.40 | 18,632.00 | (3,574.40) | (19.2) |
| ASRS Retirement/Fleet Maint | 10612948000 | 2,415.79 | 0.00 | (2,415.79) | 0.0 | 37,802.67 | 37,745.00 | (57.67) | (0.2) |
| ASRS Retirement/Warehouse | 10612949000 | 1,919.58 | 0.00 | (1,919.58) | 0.0 | 27,324.24 | 23,748.00 | (3,576.24) | (15.1) |
| ASRS Retirement/Comm Relations | 10612960000 | 588.28 | 0.00 | (588.28) | 0.0 | 588.28 | 7,838.00 | 7,249.72 | 92.5 |
| PSPRS/Admin | 10613010000 | 6,130.08 | 0.00 | (6,130.08) | 0.0 | 76,168.20 | 73,273.00 | (2,895.20) | (4.0) |
| PSPRS/Prevention | 10613020000 | 0.00 | 0.00 | 0.00 | 0.0 | 100.00 | 0.00 | (100.00) | 0.0 |
| PSPRS Operations | 10613030000 | 168,088.14 | 0.00 | (168,088.14) | 0.0 | 1,884,301.90 | 2,543,873.00 | 659,571.10 | 25.9 |
| PSPRS/ CARTA | 10613035000 | 4,009.10 | 0.00 | (4,009.10) | 0.0 | 54,324.78 | 54,527.00 | 202.22 | 0.4 |
| PSPRS/ Fleet Maint | 10613048000 | 2,657.31 | 0.00 | (2,657.31) | 0.0 | 31,981.45 | 30,987.00 | (994.45) | (3.2) |
| PSPRS/COP Principle | 10613130000 | 0.00 | 0.00 | 0.00 | 0.0 | 2,420,000.00 | 3,632,485.00 | 1,212,485.00 | 33.4 |
| PSPRS/COP - Interest | 10613130001 | 0.00 | 0.00 | 0.00 | 0.0 | 1,209,687.21 | 0.00 | (1,209,687.21) | 0.0 |
| 401A/Admin | 10613210000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 29,279.00 | 29,279.00 | 100.0 |
| 401A Retirement / Ops | 10613230000 | 35,784.76 | 0.00 | (35,784.76) | 0.0 | 491,676.56 | 318,779.00 | (172,897.56) | (54.2) |
| 401A/ Fire Chief | 10613310000 | 2,947.86 | 0.00 | (2,947.86) | 0.0 | 27,718.53 | 36,966.00 | 9,247.47 | 25.0 |
| Worker's Comp Insurance/Admin | 10615010000 | 0.00 | 0.00 | 0.00 | 0.0 | 836.00 | 40,712.00 | 39,876.00 | 97.9 |
| Worker's Comp/Prevention | 10615020000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 34,716.00 | 34,716.00 | 100.0 |

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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|-------------------------------------|-------------|-----------|--------------------------|-------------|-----|--------------|------------------------|--------------|----------|
| Worker's Comp / Ops | 10615030000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,737,384.25 | 966,352.00 | (771,032.25) | (79.8) |
| Worker's Comp/Training | 10615035000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 21,547.00 | 21,547.00 | 100.0 |
| Worker's Comp/Comm | 10615041000 | 0.00 | 0.00 | 0.00 | 0.0 | 459.00 | 48,208.00 | 47,749.00 | 99.0 |
| Worker's Comp/Facilities | 10615043000 | 0.00 | 0.00 | 0.00 | 0.0 | 400.00 | 11,788.00 | 11,388.00 | 96.6 |
| Worker's Comp/Maint | 10615048000 | 0.00 | 0.00 | 0.00 | 0.0 | (81.00) | 33,387.00 | 33,468.00 | 100.2 |
| Worker's Comp/Warehouse | 10615049000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,012.00 | 15,025.00 | 14,013.00 | 93.3 |
| Workers Comp Insurance - Ambulance | 10615050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 70,324.00 | 70,324.00 | 100.0 |
| WorkCompIns/Comm Relations | 10615060000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 296.00 | 296.00 | 100.0 |
| Worker's Comp/Volunteers | 10615110000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 8.00 | 8.00 | 100.0 |
| Worker's Comp Wages Reimbursement | 10616500000 | 3,486.62 | 0.00 | (3,486.62) | 0.0 | (17,520.04) | 0.00 | 17,520.04 | 0.0 |
| Unemployment Insurance/Admin | 10617010000 | 0.00 | 0.00 | 0.00 | 0.0 | 131.68 | 963.00 | 831.32 | 86.3 |
| Unemployment/Prevention | 10617020000 | 0.00 | 0.00 | 0.00 | 0.0 | 22.41 | 386.00 | 363.59 | 94.2 |
| Unemployment Insurance/Ops | 10617030000 | 0.00 | 0.00 | 0.00 | 0.0 | 768.36 | 7,771.00 | 7,002.64 | 90.1 |
| Unemployment / Training | 10617035000 | 0.00 | 0.00 | 0.00 | 0.0 | 16.79 | 192.00 | 175.21 | 91.3 |
| Unemployment/Communications | 10617041000 | 0.00 | 0.00 | 0.00 | 0.0 | 28.00 | 321.00 | 293.00 | 91.3 |
| Unemployment/Facilities | 10617043000 | 0.00 | 0.00 | 0.00 | 0.0 | 11.20 | 128.00 | 116.80 | 91.3 |
| Unemployment/Maint | 10617048000 | 0.00 | 0.00 | 0.00 | 0.0 | 22.42 | 320.00 | 297.58 | 93.0 |
| Unemployment/Warehouse | 10617049000 | 0.00 | 0.00 | 0.00 | 0.0 | 16.81 | 160.00 | 143.19 | 89.5 |
| Unemployment Insurance - Ambulance | 10617050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,783.00 | 2,783.00 | 100.0 |
| Unemployment Ins/Comm Relations | 10617060000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 128.00 | 128.00 | 100.0 |
| 401A-ASRS/Admin | 10618010000 | 4,694.48 | 0.00 | (4,694.48) | 0.0 | 66,568.03 | 60,931.00 | (5,637.03) | (9.3) |
| 401A-ASRS/Prevention | 10618020000 | 274.88 | 0.00 | (274.88) | 0.0 | 12,625.54 | 27,123.00 | 14,497.46 | 53.5 |
| 401A-ASRS/Training | 10618035000 | 203.06 | 0.00 | (203.06) | 0.0 | 3,047.18 | 175.00 | (2,872.18) | (1641.2) |
| 401A-ASRS/Communication | 10618041000 | 2,238.46 | 0.00 | (2,238.46) | 0.0 | 35,652.56 | 39,117.00 | 3,464.44 | 8.9 |
| 401A-ASRS/Facilities Maint | 10618043000 | 690.22 | 0.00 | (690.22) | 0.0 | 10,632.04 | 9,492.00 | (1,140.04) | (12.0) |
| 401A-ASRS/ Maint | 10618048000 | 1,147.56 | 0.00 | (1,147.56) | 0.0 | 18,142.15 | 18,541.00 | 398.85 | 2.2 |
| 401A-ASRS/ Warehouse | 10618049000 | 939.44 | 0.00 | (939.44) | 0.0 | 13,473.32 | 12,098.00 | (1,375.32) | (11.4) |
| 401A-ASRS - Ambulance | 10618050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 52,212.00 | 52,212.00 | 100.0 |
| 401A ASRS (FICA)/Comm Relations | 10618060000 | 279.44 | 0.00 | (279.44) | 0.0 | 279.44 | 3,993.00 | 3,713.56 | 93.0 |
| Medicare / Admin | 10618110000 | 2,352.49 | 0.00 | (2,352.49) | 0.0 | 24,343.80 | 18,496.00 | (5,847.80) | (31.6) |
| Medicare Exp/Prevention | 10618120000 | 62.12 | 0.00 | (62.12) | 0.0 | 4,250.67 | 6,537.00 | 2,286.33 | 35.0 |
| Medicare / OPS | 10618130000 | 14,737.13 | 0.00 | (14,737.13) | 0.0 | 204,027.02 | 186,325.00 | (17,702.02) | (9.5) |
| Medicare Exp/CARTA | 10618135000 | 283.59 | 0.00 | (283.59) | 0.0 | 4,627.84 | 4,058.00 | (569.84) | (14.0) |
| Medicare Exp/Communications | 10618141000 | 510.47 | 0.00 | (510.47) | 0.0 | 8,154.20 | 9,178.00 | 1,023.80 | 11.2 |
| Medicare Exp/Facilities Maintenance | 10618143000 | 158.10 | 0.00 | (158.10) | 0.0 | 2,405.31 | 2,220.00 | (185.31) | (8.3) |
| Medicare Exp/Maint | 10618148000 | 427.49 | 0.00 | (427.49) | 0.0 | 6,384.20 | 6,287.00 | (97.20) | (1.5) |
| Medicare Exp/Warehouse | 10618149000 | 218.37 | 0.00 | (218.37) | 0.0 | 3,132.41 | 2,829.00 | (303.41) | (10.7) |
| Medicare Tax - Ambulance | 10618150000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 13,243.00 | 13,243.00 | 100.0 |
| Medicare Tax/Comm Relations | 10618160000 | 64.00 | 0.00 | (64.00) | 0.0 | 64.00 | 934.00 | 870.00 | 93.1 |

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For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|--|-------------|-----------------------|--------------------------|-------------------------|--------------|------------------------|------------------------|-----------------------|---------------|
| Post Employment Health Plan | 10618530000 | 26,411.34 | 0.00 | (26,411.34) | 0.0 | 212,731.94 | 319,219.00 | 106,487.06 | 33.4 |
| Medical Insurance./Admin | 10619010000 | 12,372.34 | 0.00 | (12,372.34) | 0.0 | 183,733.03 | 168,960.00 | (14,773.03) | (8.7) |
| Medical Insurance/Prevention | 10619020000 | 3,269.56 | 0.00 | (3,269.56) | 0.0 | 51,885.35 | 58,080.00 | 6,194.65 | 10.7 |
| Medical Insurance/OPS | 10619030000 | 97,181.55 | 0.00 | (97,181.55) | 0.0 | 1,416,807.24 | 1,288,320.00 | (128,487.24) | (10.0) |
| Medical Insurance/Training | 10619035000 | 2,452.17 | 0.00 | (2,452.17) | 0.0 | 34,606.76 | 42,240.00 | 7,633.24 | 18.1 |
| Medical Insurance/Comm | 10619041000 | 4,044.63 | 0.00 | (4,044.63) | 0.0 | 58,247.88 | 58,080.00 | (167.88) | (0.3) |
| Medical Insurance/Facilities | 10619043000 | 1,634.78 | 0.00 | (1,634.78) | 0.0 | 23,620.94 | 21,120.00 | (2,500.94) | (11.8) |
| Medical Insurance/Maint | 10619048000 | 4,044.63 | 0.00 | (4,044.63) | 0.0 | 56,154.70 | 55,440.00 | (714.70) | (1.3) |
| Medical Insurance/Warehouse | 10619049000 | 2,431.01 | 0.00 | (2,431.01) | 0.0 | 35,439.28 | 31,680.00 | (3,759.28) | (11.9) |
| Health Insurance - Ambulance | 10619050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 137,280.00 | 137,280.00 | 100.0 |
| Health Insurance/Comm Relations | 10619060000 | 202.00 | 0.00 | (202.00) | 0.0 | 202.00 | 10,560.00 | 10,358.00 | 98.1 |
| Medical Insurance Assistance/OPS | 10619130000 | 60,467.61 | 0.00 | (60,467.61) | 0.0 | 859,299.58 | 680,000.00 | (179,299.58) | (26.4) |
| Training and Travel - Facilities Mtc | 10659043000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,500.00 | 1,500.00 | 100.0 |
| Total Personnel Expenses | | \$1,798,193.66 | \$0.00 | \$(1,798,193.66) | 0.0 % | \$29,666,234.05 | \$28,892,227.00 | \$(774,007.05) | (2.7)% |
| <u>Supply Expenses</u> | | | | | | | | | |
| Office Supplies / Admin | 10620010000 | \$390.70 | \$0.00 | \$(390.70) | 0.0% | \$(88.31) | \$500.00 | \$588.31 | 117.7% |
| Office Supplies / Tech Services | 10620041000 | 0.00 | 0.00 | 0.00 | 0.0 | 871.19 | 500.00 | (371.19) | (74.2) |
| Office Supplies | 10620049000 | 75.44 | 0.00 | (75.44) | 0.0 | 8,794.73 | 12,500.00 | 3,705.27 | 29.6 |
| Supplies - Ambulance | 10620050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 606.00 | 606.00 | 100.0 |
| Computer Supplies & Software / Training | 10620135000 | 15.89 | 0.00 | (15.89) | 0.0 | 15,949.02 | 17,200.00 | 1,250.98 | 7.3 |
| Computer Supplies & Equipment / Communic | 10620141000 | 38,062.40 | 0.00 | (38,062.40) | 0.0 | 494,636.89 | 367,565.00 | (127,071.89) | (34.6) |
| In House Dupl & Prtg | 10620510000 | 0.00 | 0.00 | 0.00 | 0.0 | 21,976.95 | 15,000.00 | (6,976.95) | (46.5) |
| In House Dupl & Prtg/ Warehouse | 10620549000 | 0.00 | 0.00 | 0.00 | 0.0 | 19,326.03 | 17,250.00 | (2,076.03) | (12.0) |
| In House Duplicating - Ambulance | 10620550000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 180.00 | 180.00 | 100.0 |
| District Fire Corps Program | 10621010000 | 0.00 | 0.00 | 0.00 | 0.0 | 40.00 | 500.00 | 460.00 | 92.0 |
| District Mapping Program | 10621141000 | 0.00 | 0.00 | 0.00 | 0.0 | 7,806.42 | 8,700.00 | 893.58 | 10.3 |
| Medical Supplies | 10621530000 | 4,475.31 | 0.00 | (4,475.31) | 0.0 | 234,610.07 | 200,000.00 | (34,610.07) | (17.3) |
| Medical Supplies-Disposable-Ambulance | 10621550000 | 0.00 | 0.00 | 0.00 | 0.0 | 2,000.00 | 104,340.00 | 102,340.00 | 98.1 |
| CPR Supplies & Books | 10621630000 | 0.00 | 0.00 | 0.00 | 0.0 | 3,078.31 | 10,000.00 | 6,921.69 | 69.2 |
| Medical Equipment Replacement | 10621730000 | 813.55 | 0.00 | (813.55) | 0.0 | 32,166.81 | 22,050.00 | (10,116.81) | (45.9) |
| Fuel (Diesel & Gas) | 10622048000 | 5,025.30 | 0.00 | (5,025.30) | 0.0 | 417,249.12 | 450,000.00 | 32,750.88 | 7.3 |
| Fuel - Ambulance | 10622050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 10,341.00 | 10,341.00 | 100.0 |
| Oil & Lubr. (Routine) | 10622148000 | 4,414.17 | 0.00 | (4,414.17) | 0.0 | 28,870.48 | 25,000.00 | (3,870.48) | (15.5) |
| Vehicle Fluid Supplies - Ambulance | 10622150000 | 0.00 | 0.00 | 0.00 | 0.0 | 53.66 | 2,000.00 | 1,946.34 | 97.3 |
| Uniforms/Admin | 10623010000 | 0.00 | 0.00 | 0.00 | 0.0 | 2,871.34 | 3,550.00 | 678.66 | 19.1 |
| Uniforms/Prevention | 10623020000 | 0.00 | 0.00 | 0.00 | 0.0 | 276.23 | 3,000.00 | 2,723.77 | 90.8 |
| Uniforms/Operations | 10623030000 | 296.13 | 0.00 | (296.13) | 0.0 | 120,763.94 | 129,450.00 | 8,686.06 | 6.7 |
| Uniforms/Operations - Honor Guard | 10623030540 | 0.00 | 0.00 | 0.00 | 0.0 | 3,862.38 | 4,000.00 | 137.62 | 3.4 |

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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|--|-------------|----------|--------------------------|------------|-----|------------|------------------------|-------------|---------|
| Uniforms - Training | 10623035000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,100.00 | 2,100.00 | 100.0 |
| Uniforms/Communications | 10623041000 | 0.00 | 0.00 | 0.00 | 0.0 | 13.10 | 2,500.00 | 2,486.90 | 99.5 |
| Uniforms-Facilities Maintenance | 10623043000 | 0.00 | 0.00 | 0.00 | 0.0 | 51.30 | 1,000.00 | 948.70 | 94.9 |
| Uniforms-Fleet Maintenance | 10623048000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,750.00 | 2,750.00 | 100.0 |
| Uniforms/Warehouse | 10623049000 | 0.00 | 0.00 | 0.00 | 0.0 | 35.00 | 1,750.00 | 1,715.00 | 98.0 |
| Uniforms - Ambulance | 10623050000 | 0.00 | 0.00 | 0.00 | 0.0 | 785.54 | 18,000.00 | 17,214.46 | 95.6 |
| Uniforms/Community Relations | 10623060000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 300.00 | 300.00 | 100.0 |
| Protective Clothing | 10623130000 | 0.00 | 0.00 | 0.00 | 0.0 | 250,541.77 | 243,510.00 | (7,031.77) | (2.9) |
| Station Boots | 10623130100 | 6,828.50 | 0.00 | (6,828.50) | 0.0 | 68,915.33 | 18,300.00 | (50,615.33) | (276.6) |
| Library Reference Materials / Admin | 10624010000 | 0.00 | 0.00 | 0.00 | 0.0 | 549.04 | 2,764.00 | 2,214.96 | 80.1 |
| Operations Supplies/Routine | 10624030000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,415.31 | 5,550.00 | 4,134.69 | 74.5 |
| Library Reference Materials/Tr Ctr | 10624035000 | 0.00 | 0.00 | 0.00 | 0.0 | 5,059.83 | 7,200.00 | 2,140.17 | 29.7 |
| Communications Supplies / Routine | 10624041000 | 0.00 | 0.00 | 0.00 | 0.0 | 3,665.19 | 1,000.00 | (2,665.19) | (266.5) |
| Facilities Maint Supplies/Routine | 10624043000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 530.00 | 530.00 | 100.0 |
| Supplies/Community Relations | 10624060000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 12,500.00 | 12,500.00 | 100.0 |
| Supplies/Prevention | 10624220000 | 0.00 | 0.00 | 0.00 | 0.0 | 990.02 | 4,500.00 | 3,509.98 | 78.0 |
| Supplies / Fleet Maintenance | 10624248000 | 966.37 | 0.00 | (966.37) | 0.0 | 18,359.20 | 13,000.00 | (5,359.20) | (41.2) |
| Supplies / Warehouse | 10624249000 | 22.52 | 0.00 | (22.52) | 0.0 | 3,824.21 | 6,000.00 | 2,175.79 | 36.3 |
| Library Reference Materials/Prevention | 10624320000 | 0.00 | 0.00 | 0.00 | 0.0 | 130.00 | 2,960.00 | 2,830.00 | 95.6 |
| Pub Ed/School Ed/Prevention | 10624520000 | 440.57 | 0.00 | (440.57) | 0.0 | 14,943.45 | 9,015.00 | (5,928.45) | (65.8) |
| Public Education/EMS | 10624530000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 6,500.00 | 6,500.00 | 100.0 |
| Supplies-Warehouse Purchasing Group | 10624549000 | 5,172.38 | 0.00 | (5,172.38) | 0.0 | 154,134.67 | 170,000.00 | 15,865.33 | 9.3 |
| Urban Interface/Brush Removal | 10624920000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 5,000.00 | 5,000.00 | 100.0 |
| PAWUIC Defensiblw Space Grant | 10624920010 | 0.00 | 0.00 | 0.00 | 0.0 | 11,029.37 | 0.00 | (11,029.37) | 0.0 |
| Vehicle Maint (Routine) | 10625048000 | 9,033.32 | 0.00 | (9,033.32) | 0.0 | 205,219.47 | 164,000.00 | (41,219.47) | (25.1) |
| Vehicle Maintenance - Ambulance | 10625050000 | 0.00 | 0.00 | 0.00 | 0.0 | 2,917.82 | 6,769.00 | 3,851.18 | 56.9 |
| Vehicle Maint (Special Prjcts) | 10625148000 | 119.97 | 0.00 | (119.97) | 0.0 | 7,413.30 | 8,000.00 | 586.70 | 7.3 |
| FF Equipment Maintenance | 10626048000 | 5,525.62 | 0.00 | (5,525.62) | 0.0 | 27,633.94 | 21,500.00 | (6,133.94) | (28.5) |
| SCBA Supplies & Maint | 10626348000 | 95.95 | 0.00 | (95.95) | 0.0 | 12,905.41 | 10,000.00 | (2,905.41) | (29.1) |
| SCBA Supplies & Maintenance | 10626349000 | 8,327.37 | 0.00 | (8,327.37) | 0.0 | 29,513.08 | 24,500.00 | (5,013.08) | (20.5) |
| Tire Replacement | 10626548000 | 0.00 | 0.00 | 0.00 | 0.0 | 69,586.13 | 66,000.00 | (3,586.13) | (5.4) |
| Tire Repair | 10626648000 | 292.10 | 0.00 | (292.10) | 0.0 | 9,155.47 | 6,500.00 | (2,655.47) | (40.9) |
| Building Maint Supplies | 10627043001 | 18.41 | 0.00 | (18.41) | 0.0 | 15,925.09 | 20,500.00 | 4,574.91 | 22.3 |
| Building Maint Supplies/Prevention | 10627043002 | 257.60 | 0.00 | (257.60) | 0.0 | 654.62 | 2,500.00 | 1,845.38 | 73.8 |
| Building Maint Supplies-Administration | 10627043011 | 285.44 | 0.00 | (285.44) | 0.0 | 11,236.51 | 7,000.00 | (4,236.51) | (60.5) |
| Building Maint Supplies/CARTA | 10627043035 | 745.09 | 0.00 | (745.09) | 0.0 | 20,085.31 | 13,500.00 | (6,585.31) | (48.8) |
| Building Maint Supplies/Comm Building | 10627043041 | 0.00 | 0.00 | 0.00 | 0.0 | 4,425.27 | 4,000.00 | (425.27) | (10.6) |
| Building Maint Supplies/Maint Facility | 10627043048 | 201.84 | 0.00 | (201.84) | 0.0 | 6,147.25 | 5,000.00 | (1,147.25) | (22.9) |
| Building Maint Supplies/Warehouse | 10627043049 | 0.00 | 0.00 | 0.00 | 0.0 | 3,337.08 | 5,000.00 | 1,662.92 | 33.3 |

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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|---|-------------|---------------------|--------------------------|-----------------------|--------------|-----------------------|------------------------|----------------------|---------------|
| Building Maint Supplies/Sta 50 | 10627043050 | 0.00 | 0.00 | 0.00 | 0.0 | 4,521.88 | 4,000.00 | (521.88) | (13.0) |
| Building Maint Supplies/Sta 51 | 10627043051 | 0.00 | 0.00 | 0.00 | 0.0 | 1,777.29 | 5,600.00 | 3,822.71 | 68.3 |
| Building Maint Supplies/Sta 52 | 10627043052 | 0.00 | 0.00 | 0.00 | 0.0 | 480.79 | 2,000.00 | 1,519.21 | 76.0 |
| Building Maint Supplies/Sta 53 | 10627043053 | 0.00 | 0.00 | 0.00 | 0.0 | 2,034.04 | 5,000.00 | 2,965.96 | 59.3 |
| Building Maint Supplies/Sta 54 | 10627043054 | 0.00 | 0.00 | 0.00 | 0.0 | 5,394.48 | 5,000.00 | (394.48) | (7.9) |
| Building Maint Supplies/Sta 56 | 10627043056 | 0.00 | 0.00 | 0.00 | 0.0 | 1,209.22 | 2,000.00 | 790.78 | 39.5 |
| Building Maint Supplies/Sta 57 | 10627043057 | 0.00 | 0.00 | 0.00 | 0.0 | 2,643.27 | 5,000.00 | 2,356.73 | 47.1 |
| Building Maint Supplies/Sta 58 | 10627043058 | 0.00 | 0.00 | 0.00 | 0.0 | 4,679.72 | 5,000.00 | 320.28 | 6.4 |
| Building Maint Supplies/Sta 59 | 10627043059 | 28.22 | 0.00 | (28.22) | 0.0 | 2,795.08 | 5,000.00 | 2,204.92 | 44.1 |
| Building Maint Supplies - Station 61 | 10627043061 | 1,171.24 | 0.00 | (1,171.24) | 0.0 | 8,333.69 | 9,000.00 | 666.31 | 7.4 |
| Building Maint Supplies - Station 62 | 10627043062 | 70.30 | 0.00 | (70.30) | 0.0 | 4,787.65 | 5,000.00 | 212.35 | 4.2 |
| Building Maint Supplies - Station 63 | 10627043063 | 660.00 | 0.00 | (660.00) | 0.0 | 5,435.60 | 5,000.00 | (435.60) | (8.7) |
| Building Maint Supplies- Large Projects | 10627043100 | 1,332.05 | 0.00 | (1,332.05) | 0.0 | 175,124.30 | 175,000.00 | (124.30) | (0.1) |
| Furniture & Fixture Replacement | 10627143000 | 551.96 | 0.00 | (551.96) | 0.0 | 34,629.13 | 29,200.00 | (5,429.13) | (18.6) |
| Furniture & Fixtures / Warehouse | 10627149000 | 379.95 | 0.00 | (379.95) | 0.0 | 7,679.89 | 6,000.00 | (1,679.89) | (28.0) |
| Janitorial / All Stations | 10627249000 | 2,223.57 | 0.00 | (2,223.57) | 0.0 | 40,040.25 | 36,850.00 | (3,190.25) | (8.7) |
| Janitorial Supplies - Ambulance | 10627250000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,528.00 | 1,528.00 | 100.0 |
| Station Supplies-All Stations | 10627349000 | 0.00 | 0.00 | 0.00 | 0.0 | 25,564.14 | 17,250.00 | (8,314.14) | (48.2) |
| Site / Equip Maint Supplies / Comm | 10627441000 | 3,450.00 | 0.00 | (3,450.00) | 0.0 | 28,335.88 | 25,000.00 | (3,335.88) | (13.3) |
| Radio/Pager Maintenance | 10628041000 | 0.00 | 0.00 | 0.00 | 0.0 | 112,355.11 | 107,500.00 | (4,855.11) | (4.5) |
| Supplies for Outside Agency Work | 10628141000 | 0.00 | 0.00 | 0.00 | 0.0 | 8,422.97 | 10,000.00 | 1,577.03 | 15.8 |
| Supplies for Outside Agency Work | 10628148000 | 892.67 | 0.00 | (892.67) | 0.0 | 12,502.61 | 24,000.00 | 11,497.39 | 47.9 |
| Batteries / Communications | 10628841000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 150.00 | 150.00 | 100.0 |
| Batteries/ All Stations | 10628849000 | 0.00 | 0.00 | 0.00 | 0.0 | 3,615.12 | 3,170.00 | (445.12) | (14.0) |
| Firefighter Equipment Replacement | 10628930000 | 148.49 | 0.00 | (148.49) | 0.0 | 93,038.31 | 66,100.00 | (26,938.31) | (40.8) |
| Firefighting Equipment New Purchases | 10629030000 | 0.00 | 0.00 | 0.00 | 0.0 | 73,449.66 | 80,000.00 | 6,550.34 | 8.2 |
| Ambulance Equipment - Routine | 10629050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 10,000.00 | 10,000.00 | 100.0 |
| Haz-Mat Equipment | 10629130000 | (979.61) | 0.00 | 979.61 | 0.0 | 10,085.55 | 10,000.00 | (85.55) | (0.9) |
| Comm/Radio Technician Equipment | 10629241000 | 0.00 | 0.00 | 0.00 | 0.0 | 6,247.12 | 6,750.00 | 502.88 | 7.5 |
| Technical Rescue Equipment | 10629330000 | 960.61 | 0.00 | (960.61) | 0.0 | 15,441.29 | 14,000.00 | (1,441.29) | (10.3) |
| Drone Program | 10629430000 | 463.48 | 0.00 | (463.48) | 0.0 | 9,467.84 | 6,500.00 | (2,967.84) | (45.7) |
| Wildland Equipment Replacement | 10629530000 | 0.00 | 0.00 | 0.00 | 0.0 | 8,278.32 | 20,000.00 | 11,721.68 | 58.6 |
| CARTA Equipment/ Prop Supplies | 10629635000 | 38.31 | 0.00 | (38.31) | 0.0 | 10,073.21 | 32,000.00 | 21,926.79 | 68.5 |
| Exercise Equipment - Ops | 10629730000 | 0.00 | 0.00 | 0.00 | 0.0 | 8,926.64 | 10,000.00 | 1,073.36 | 10.7 |
| Small Tools/Facilities Maintenance | 10630043000 | 0.00 | 0.00 | 0.00 | 0.0 | 7,872.89 | 11,500.00 | 3,627.11 | 31.5 |
| Small Tools / Maintenance | 10630048000 | 634.52 | 0.00 | (634.52) | 0.0 | 10,714.52 | 9,000.00 | (1,714.52) | (19.1) |
| Small Tools / Warehouse | 10630049000 | 0.00 | 0.00 | 0.00 | 0.0 | 485.92 | 900.00 | 414.08 | 46.0 |
| Safety Equip & Supplies/Warehouse | 10631049000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 750.00 | 750.00 | 100.0 |
| Total Supply Expenses | | \$103,927.70 | \$0.00 | \$(103,927.70) | 0.0 % | \$3,122,156.72 | \$3,076,478.00 | \$(45,678.72) | (1.5)% |

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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | | Current Period | | | | Year To Date | | | |
|--|-------------|----------------|--------|-------------|------|--------------|-------------|--------------|---------|
| | Account | Actual | Budget | Variance | % | Actual | Budget | Variance | % |
| <u>Service Expenses</u> | | | | | | | | | |
| Audit & Accounting | 10640010000 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$25,312.50 | \$36,000.00 | \$10,687.50 | 29.7% |
| Audit & Accounting - Ambulance | 10640050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 4,320.00 | 4,320.00 | 100.0 |
| Other Prof Services/Admin | 10640510000 | 0.00 | 0.00 | 0.00 | 0.0 | 24,420.65 | 45,700.00 | 21,279.35 | 46.6 |
| Other Prof. Services/Prevention | 10640520000 | 4,960.00 | 0.00 | (4,960.00) | 0.0 | 48,162.50 | 0.00 | (48,162.50) | 0.0 |
| Other Prof Services/Ops | 10640530000 | 2,881.22 | 0.00 | (2,881.22) | 0.0 | 64,670.04 | 52,951.00 | (11,719.04) | (22.1) |
| Other Prof Services/Comm | 10640541000 | 0.00 | 0.00 | 0.00 | 0.0 | 50,667.12 | 81,500.00 | 30,832.88 | 37.8 |
| Other Prof Services/Facilities | 10640543000 | 1,935.00 | 0.00 | (1,935.00) | 0.0 | 44,079.05 | 44,450.00 | 370.95 | 0.8 |
| Other Professional Services-Ambulance | 10640550000 | 0.00 | 0.00 | 0.00 | 0.0 | 4,118.97 | 85,350.00 | 81,231.03 | 95.2 |
| Legal Services - Routine | 10641010000 | 0.00 | 0.00 | 0.00 | 0.0 | 40,236.50 | 70,000.00 | 29,763.50 | 42.5 |
| Legal Services-Non Routine | 10641010600 | 0.00 | 0.00 | 0.00 | 0.0 | 2,093.00 | 7,500.00 | 5,407.00 | 72.1 |
| Legal Services - CON Legal & Consulting | 10641010605 | 0.00 | 0.00 | 0.00 | 0.0 | 160,768.10 | 130,000.00 | (30,768.10) | (23.7) |
| Legal Services - Ambulance | 10641050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 40,000.00 | 40,000.00 | 100.0 |
| Mental Health | 10641510000 | 2,440.00 | 0.00 | (2,440.00) | 0.0 | 80,020.59 | 125,000.00 | 44,979.41 | 36.0 |
| Employee Health / Exams/Ops | 10641530000 | 10,430.00 | 0.00 | (10,430.00) | 0.0 | 69,569.00 | 332,783.00 | 263,214.00 | 79.1 |
| Employee Assistance Program | 10642010000 | 2,760.00 | 0.00 | (2,760.00) | 0.0 | 53,111.00 | 31,200.00 | (21,911.00) | (70.2) |
| Dispatch Services/Ops | 10642530000 | 0.00 | 0.00 | 0.00 | 0.0 | 913,885.79 | 982,796.00 | 68,910.21 | 7.0 |
| Dispatch Services - Ambulance | 10642550000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 80,000.00 | 80,000.00 | 100.0 |
| Communications/Admin | 10643010000 | 567.22 | 0.00 | (567.22) | 0.0 | 5,385.20 | 0.00 | (5,385.20) | 0.0 |
| Communications | 10643041000 | 5,933.25 | 0.00 | (5,933.25) | 0.0 | 109,210.77 | 86,700.00 | (22,510.77) | (26.0) |
| Communications - Ambulance | 10643050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 8,000.00 | 8,000.00 | 100.0 |
| Postage/Admin | 10643510000 | 137.57 | 0.00 | (137.57) | 0.0 | 4,000.01 | 7,550.00 | 3,549.99 | 47.0 |
| Shipping / Warehouse | 10643549000 | 185.67 | 0.00 | (185.67) | 0.0 | 2,089.95 | 2,250.00 | 160.05 | 7.1 |
| Postage - Ambulance | 10643550000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 225.00 | 225.00 | 100.0 |
| Fire Board Expenses | 10644110000 | 0.00 | 0.00 | 0.00 | 0.0 | 922.69 | 500.00 | (422.69) | (84.5) |
| Off District Expenses | 10644231000 | 11,577.02 | 0.00 | (11,577.02) | 0.0 | 174,266.14 | 20,000.00 | (154,266.14) | (771.3) |
| Newspaper Advertising | 10647010000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,103.69 | 5,000.00 | 3,896.31 | 77.9 |
| Outside Duplication & Printing / Admin | 10649010000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,407.53 | 2,250.00 | 842.47 | 37.4 |
| Outside Dupl & Printing/Prevention | 10649020000 | 0.00 | 0.00 | 0.00 | 0.0 | 2,974.96 | 1,400.00 | (1,574.96) | (112.5) |
| Outside Dupl & Printing/Ops | 10649030000 | 64.52 | 0.00 | (64.52) | 0.0 | 3,308.84 | 2,800.00 | (508.84) | (18.2) |
| Insurance | 10650010000 | 42,215.00 | 0.00 | (42,215.00) | 0.0 | 219,308.63 | 196,000.00 | (23,308.63) | (11.9) |
| Insurance - Ambulance | 10650050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 6,131.00 | 6,131.00 | 100.0 |
| Cable TV | 10650843000 | 284.11 | 0.00 | (284.11) | 0.0 | 3,883.93 | 1,575.00 | (2,308.93) | (146.6) |
| Cable TV - Ambulance | 10650850000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 100.00 | 100.00 | 100.0 |
| Electricity - Admin | 10651010000 | 0.00 | 0.00 | 0.00 | 0.0 | (2,908.89) | 0.00 | 2,908.89 | 0.0 |
| Electricity - OPS | 10651030000 | (193.62) | 0.00 | 193.62 | 0.0 | (1,311.73) | 0.00 | 1,311.73 | 0.0 |
| Electric | 10651043000 | 18,736.61 | 0.00 | (18,736.61) | 0.0 | 224,671.05 | 168,500.00 | (56,171.05) | (33.3) |
| Electric - Ambulance | 10651050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 9,500.00 | 9,500.00 | 100.0 |
| Sanitation Charge - Health/Medical Waste | 10651230000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,328.10 | 1,000.00 | (328.10) | (32.8) |

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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|--|-------------|-------------|--------------------------|------------|-----|-----------|------------------------|-------------|--------|
| Sanitation | 10651243000 | 0.00 | 0.00 | 0.00 | 0.0 | 10,735.20 | 9,260.00 | (1,475.20) | (15.9) |
| Sanitation - Ambulance | 10651250000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 550.00 | 550.00 | 100.0 |
| Natural Gas | 10652043000 | 104.99 | 0.00 | (104.99) | 0.0 | 28,936.55 | 22,150.00 | (6,786.55) | (30.6) |
| Natural Gas - Ambulance | 10652050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,250.00 | 1,250.00 | 100.0 |
| LPG | 10653043000 | 0.00 | 0.00 | 0.00 | 0.0 | 31,854.90 | 32,725.00 | 870.10 | 2.7 |
| LPG - Ambulance | 10653050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,850.00 | 1,850.00 | 100.0 |
| Pest Control | 10653543000 | 430.00 | 0.00 | (430.00) | 0.0 | 7,860.00 | 5,000.00 | (2,860.00) | (57.2) |
| Water/Sewer | 10654043000 | 140.57 | 0.00 | (140.57) | 0.0 | 26,431.04 | 20,940.00 | (5,491.04) | (26.2) |
| Water/Sewer - Ambulance | 10654050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,200.00 | 1,200.00 | 100.0 |
| Hydrant Maintenance | 10655130000 | 0.00 | 0.00 | 0.00 | 0.0 | 845.74 | 3,000.00 | 2,154.26 | 71.8 |
| Repair & Maint Equip/Admin | 10658010000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 500.00 | 500.00 | 100.0 |
| Outside Repair Equip/ Prevention | 10658020000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 500.00 | 500.00 | 100.0 |
| Outside Repair Equip/Ops | 10658030000 | 0.00 | 0.00 | 0.00 | 0.0 | 32,829.57 | 30,105.00 | (2,724.57) | (9.1) |
| Outside Repair Equip/ CARTA | 10658035000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,000.00 | 2,000.00 | 100.0 |
| Outside Repair Equip/Fac Maint | 10658043000 | 8.50 | 0.00 | (8.50) | 0.0 | 3,445.18 | 2,700.00 | (745.18) | (27.6) |
| Outside Repair/Veh Maint Equip | 10658048000 | (12,398.41) | 0.00 | 12,398.41 | 0.0 | 13,965.64 | 22,500.00 | 8,534.36 | 37.9 |
| EMS Training | 10658735000 | 0.00 | 0.00 | 0.00 | 0.0 | 471.88 | 3,110.00 | 2,638.12 | 84.8 |
| CARTA Training Classes | 10658835000 | 0.00 | 0.00 | 0.00 | 0.0 | 8,970.76 | 15,700.00 | 6,729.24 | 42.9 |
| Training & Travel/Admin | 10659010000 | 1,481.85 | 0.00 | (1,481.85) | 0.0 | 34,102.58 | 28,500.00 | (5,602.58) | (19.7) |
| Training & Travel/Prevention | 10659020000 | 676.00 | 0.00 | (676.00) | 0.0 | 6,030.42 | 9,800.00 | 3,769.58 | 38.5 |
| Training & Travel/OPS | 10659030000 | 3,410.00 | 0.00 | (3,410.00) | 0.0 | 65,803.70 | 47,105.00 | (18,698.70) | (39.7) |
| Traning & Travel Conference-Honor Guard | 10659030540 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,500.00 | 1,500.00 | 100.0 |
| Training & Travel - Pipes and Drums | 10659030541 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 2,500.00 | 2,500.00 | 100.0 |
| Training & Travel/CARTA | 10659035000 | 419.00 | 0.00 | (419.00) | 0.0 | 26,320.16 | 30,900.00 | 4,579.84 | 14.8 |
| Training & Travel/Communications | 10659041000 | 0.00 | 0.00 | 0.00 | 0.0 | 4,442.12 | 6,500.00 | 2,057.88 | 31.7 |
| Travel & Training / Fleet Maintenance | 10659048000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 4,000.00 | 4,000.00 | 100.0 |
| Travel & Training / Warehouse | 10659049000 | 0.00 | 0.00 | 0.00 | 0.0 | 705.12 | 4,000.00 | 3,294.88 | 82.4 |
| Training & Travel - Ambulance | 10659050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 9,800.00 | 9,800.00 | 100.0 |
| Training & Travel/Comm Relations | 10659060000 | 206.00 | 0.00 | (206.00) | 0.0 | 1,191.68 | 1,500.00 | 308.32 | 20.6 |
| Books & Subscriptions / Training Center/ | 10659135035 | 555.30 | 0.00 | (555.30) | 0.0 | 555.30 | 1,050.00 | 494.70 | 47.1 |
| ACLS Upgrade | 10659335000 | 1,430.94 | 0.00 | (1,430.94) | 0.0 | 43,447.19 | 43,860.00 | 412.81 | 0.9 |
| College - Upper and Lower Division | 10659435000 | 2,867.20 | 0.00 | (2,867.20) | 0.0 | 29,055.40 | 0.00 | (29,055.40) | 0.0 |
| Awards / Admin | 10659510000 | 0.00 | 0.00 | 0.00 | 0.0 | 12,580.26 | 16,075.00 | 3,494.74 | 21.7 |
| Awards / Ops | 10659530000 | 0.00 | 0.00 | 0.00 | 0.0 | 6,465.18 | 0.00 | (6,465.18) | 0.0 |
| College - Upper Lower Div | 10659535000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 20,000.00 | 20,000.00 | 100.0 |
| Dues / Admin | 10660010000 | 0.00 | 0.00 | 0.00 | 0.0 | 4,659.71 | 7,190.00 | 2,530.29 | 35.2 |
| Dues/Prevention | 10660020000 | 0.00 | 0.00 | 0.00 | 0.0 | 2,207.50 | 1,542.00 | (665.50) | (43.2) |
| Dues/Operations | 10660030000 | 0.00 | 0.00 | 0.00 | 0.0 | 493.00 | 4,400.00 | 3,907.00 | 88.8 |
| Dues/CARTA | 10660035000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,077.50 | 1,635.00 | 557.50 | 34.1 |

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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|--|-------------|-------------------------|--------------------------|-------------------------|--------------|-------------------------|------------------------|-------------------------|-----------------|
| Dues/Warehouse | 10660049000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 200.00 | 200.00 | 100.0 |
| Dues - AZ Ambulance Association | 10660050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,000.00 | 1,000.00 | 100.0 |
| Misc/Admin | 10661010000 | 42.04 | 0.00 | (42.04) | 0.0 | 19,870.05 | 2,500.00 | (17,370.05) | (694.8) |
| Mileage/Routine | 10661010100 | 15.72 | 0.00 | (15.72) | 0.0 | 15.72 | 0.00 | (15.72) | 0.0 |
| Misc/Prevention | 10661020000 | 0.00 | 0.00 | 0.00 | 0.0 | 1,027.07 | 2,880.00 | 1,852.93 | 64.3 |
| Misc/Operations | 10661030000 | 0.00 | 0.00 | 0.00 | 0.0 | 4,295.25 | 8,450.00 | 4,154.75 | 49.2 |
| Misc/Operations - Routine | 10661030490 | 25.14 | 0.00 | (25.14) | 0.0 | 25.14 | 0.00 | (25.14) | 0.0 |
| Misc/Operations - Fire Rehab | 10661030491 | 0.00 | 0.00 | 0.00 | 0.0 | 141.74 | 0.00 | (141.74) | 0.0 |
| Misc/Operations | 10661030492 | 0.00 | 0.00 | 0.00 | 0.0 | 27.00 | 0.00 | (27.00) | 0.0 |
| Misc/Promotional Testing | 10661030494 | 150.32 | 0.00 | (150.32) | 0.0 | 150.32 | 0.00 | (150.32) | 0.0 |
| Misc/Captain Promotional Testing | 10661030496 | 0.00 | 0.00 | 0.00 | 0.0 | 2,356.60 | 0.00 | (2,356.60) | 0.0 |
| Misc/Training Center | 10661035000 | 0.00 | 0.00 | 0.00 | 0.0 | 274.56 | 0.00 | (274.56) | 0.0 |
| Misc/Fleet | 10661048000 | 0.00 | 0.00 | 0.00 | 0.0 | 208.29 | 0.00 | (208.29) | 0.0 |
| Misc/Warehouse | 10661049000 | 0.00 | 0.00 | 0.00 | 0.0 | 173.55 | 0.00 | (173.55) | 0.0 |
| Miscellaneous - Ambulance | 10661050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 1,000.00 | 1,000.00 | 100.0 |
| Contract Services / Comm & IT | 10663041000 | 0.00 | 0.00 | 0.00 | 0.0 | 7,729.03 | 8,400.00 | 670.97 | 8.0 |
| Total Service Expenses | | \$104,478.73 | \$0.00 | \$(104,478.73) | 0.0 % | \$2,772,533.28 | \$3,110,358.00 | \$337,824.72 | 10.9 % |
| <u>Capital Expenses</u> | | | | | | | | | |
| Allocation to Capital Reserve Account | 10770100000 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 | \$185,000.00 | \$185,000.00 | 100.0% |
| Capital Outlay/ Facilities | 10772043000 | 0.00 | 0.00 | 0.00 | 0.0 | 336,059.43 | 405,000.00 | 68,940.57 | 17.0 |
| Capital Outlay/ Vehicles/ Prevention | 10773020000 | 0.00 | 0.00 | 0.00 | 0.0 | 363,302.59 | 0.00 | (363,302.59) | 0.0 |
| Capital Outlay/Vehicles/OPS | 10773030000 | 896.81 | 0.00 | (896.81) | 0.0 | 174,767.63 | 490,314.00 | 315,546.37 | 64.4 |
| Capital Outlay/ Vehicles/ Tech Services | 10773041000 | 0.00 | 0.00 | 0.00 | 0.0 | 65,737.82 | 0.00 | (65,737.82) | 0.0 |
| Capital Outlay/ Vehicles/ Warehouse | 10773049000 | 0.00 | 0.00 | 0.00 | 0.0 | 81,730.09 | 0.00 | (81,730.09) | 0.0 |
| Capital Outlay-Veh/Comm Relations | 10773060000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 50,000.00 | 50,000.00 | 100.0 |
| Capital Outlay/ Equip/ Prevention | 10774020000 | 0.00 | 0.00 | 0.00 | 0.0 | 73,969.65 | 70,000.00 | (3,969.65) | (5.7) |
| Capital Outlay/ Equip/ OPS | 10774030000 | 0.00 | 0.00 | 0.00 | 0.0 | 136,791.37 | 105,000.00 | (31,791.37) | (30.3) |
| Capital Outlay/ Equip/ Facilities | 10774043000 | 0.00 | 0.00 | 0.00 | 0.0 | 5,801.10 | 0.00 | (5,801.10) | 0.0 |
| Capital Outlay/ Equip/ Fleet Maintenance | 10774048000 | 0.00 | 0.00 | 0.00 | 0.0 | 25,201.64 | 90,000.00 | 64,798.36 | 72.0 |
| Capital Outlay/ Equip/ Warehouse | 10774049000 | 0.00 | 0.00 | 0.00 | 0.0 | 7,899.21 | 0.00 | (7,899.21) | 0.0 |
| Capital Outlay - Adm - Software | 10775010000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | 20,000.00 | 20,000.00 | 100.0 |
| Capital Outlay - Comm/IT | 10775041000 | 2,232.10 | 0.00 | (2,232.10) | 0.0 | 610,498.14 | 270,000.00 | (340,498.14) | (126.1) |
| Total Capital Expenses | | \$3,128.91 | \$0.00 | \$(3,128.91) | 0.0 % | \$1,881,758.67 | \$1,685,314.00 | \$(196,444.67) | (11.7)% |
| Total Expenses | | \$2,009,729.00 | | \$(2,009,729.00) | | \$37,442,682.72 | \$36,764,377.00 | \$(678,305.72) | (1.8)% |
| Income (Loss) from Operations | | \$(1,311,719.04) | \$0.00 | \$(1,311,719.04) | 0.0% | \$(3,231,915.00) | \$(400,300.00) | \$(2,831,615.00) | (707.4)% |

Contingency

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CAFMA-Central Arizona Fire and Medical
Income Statement
(Original Budget to Actual Comparison)
For the period of 9/1/2023 Through 9/30/2023

| | Account | Actual | Current Period Budget | Variance | % | Actual | Year To Date Budget | Variance | % |
|---------------------------------|-------------|--------------------------------|--------------------------|--------------------------------|--------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------|
| Funded Contingency/Admin | 10780010000 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 | \$(126,783.00) | \$126,783.00 | 100.0% |
| Funded Contingency/Prevention | 10780020000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | (33,658.00) | 33,658.00 | 100.0 |
| Funded Contingency/OPS | 10780030000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | (1,248,863.00) | 1,248,863.00 | 100.0 |
| Funded Contingency/Training | 10780035000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | (29,219.00) | 29,219.00 | 100.0 |
| Funded Contingency/Tech Serv | 10780041000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | (78,497.00) | 78,497.00 | 100.0 |
| Funded Contingency/Facilities | 10780043000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | (42,880.00) | 42,880.00 | 100.0 |
| Funded Contingency/Warehouse | 10780049000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | (29,482.00) | 29,482.00 | 100.0 |
| Contingency - Ambulance | 10780050000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | (83,360.00) | 83,360.00 | 100.0 |
| Contingency/Community Relations | 10780060000 | 0.00 | 0.00 | 0.00 | 0.0 | 0.00 | (5,123.00) | 5,123.00 | 100.0 |
| Total Contingency | | \$0.00 | \$0.00 | \$0.00 | 0.0 % | \$0.00 | \$(1,677,865.00) | \$1,677,865.00 | 100.0 % |
| Net Income (Loss) | | <u>\$(1,311,719.04)</u> | <u>\$0.00</u> | <u>\$(1,311,719.04)</u> | <u>0.0%</u> | <u>\$(3,231,915.00)</u> | <u>\$(2,078,165.00)</u> | <u>\$(1,153,750.00)</u> | <u>(55.5)%</u> |

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CAFMA-Central Arizona Fire and Medical

Balance Sheet
As of 9/30/2023

Assets

Current Assets

| | | |
|---------------------------------------|----------------|-----------------|
| Cash with Yavapai County | \$2,608,557.59 | |
| PSPRS Contingency Res Fund Restricted | 2,033,155.87 | |
| 115 Trust - Restricted | 7,497,058.00 | |
| Capital Reserve Fund | 7,688,241.56 | |
| Accounts Receivable | (51,090.13) | |
| Retiree/Insurance Receivable | 6,156.76 | |
| Total Current Assets | | \$19,782,079.65 |

Total Assets

\$19,782,079.65

Liabilities and Net Assets

Current Liabilities

| | | |
|---------------------------------|-------------|---------------|
| Accrued Payroll Expenses | \$(420.75) | |
| Credit Card Payable | (43,683.04) | |
| PSPRS Payable | 23.81 | |
| ASRS Payable | 0.26 | |
| Medical Insurance Withheld | 847.24 | |
| Dental Insurance Withheld | 232.38 | |
| Vision Insurance Withheld | 75.62 | |
| HSA Withheld | (762.75) | |
| Supplemental Insurance Withheld | (120.98) | |
| Total Current Liabilities | | \$(43,808.21) |

Total Liabilities

\$(43,808.21)

Net Assets

| | | |
|----------------------------------|-----------------|------------------------|
| Fund Balance | \$23,057,802.86 | |
| Current Year Net Assets | (3,231,915.00) | |
| Total Net Assets | | 19,825,887.86 |
| Total Liabilities and Net Assets | | <u>\$19,782,079.65</u> |

CAFMA-Central Arizona Fire and Medical
GL Account Ledger - Detail By Period
9/1/2023 through 9/30/2023

| Batch | Journal | Entry # | Date | Job | Document | Description | Debits | Credits | Balance |
|------------------------|---------|---------------------------------|----------|-----|----------|--|--------|----------|-----------------------|
| 10.1100.0.0.000 | | CASH WITH YAVAPAI COUNTY | | | | | | | \$3,582,426.35 |
| 2415 | PR | 1566992 | 09/05/23 | | 29104 | Abel, Todd D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,301.87 | 3,579,124.48 |
| 2415 | PR | 1567018 | 09/05/23 | | 29105 | Anglin, Jake J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 996.83 | 3,578,127.65 |
| 2415 | PR | 1567046 | 09/05/23 | | 29106 | Apolinar, Johnathan R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,081.47 | 3,576,046.18 |
| 2415 | PR | 1567077 | 09/05/23 | | 29107 | Aponte, Anthony M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,515.31 | 3,574,530.87 |
| 2415 | PR | 1567099 | 09/05/23 | | 29108 | Baker, Mark A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,314.60 | 3,572,216.27 |
| 2415 | PR | 1567122 | 09/05/23 | | 29109 | Barnum, Josh M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,315.96 | 3,569,900.31 |
| 2415 | PR | 1567152 | 09/05/23 | | 29110 | Basurto-Cancino, Leobardo - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,078.95 | 3,567,821.36 |
| 2415 | PR | 1567177 | 09/05/23 | | 29111 | Blair, Wyatt L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,743.65 | 3,566,077.71 |
| 2415 | PR | 1567198 | 09/05/23 | | 29112 | Blum, Rodney A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,850.83 | 3,564,226.88 |
| 2415 | PR | 1567217 | 09/05/23 | | 29113 | Breyer, Samuel H. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,653.09 | 3,561,573.79 |
| 2415 | PR | 1567241 | 09/05/23 | | 29114 | Brown Jr, Dennis F. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 5,307.31 | 3,556,266.48 |
| 2415 | PR | 1567265 | 09/05/23 | | 29115 | Brunk, Jacob A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,718.11 | 3,553,548.37 |
| 2415 | PR | 1567290 | 09/05/23 | | 29116 | Buchanan, Ben D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 5,406.00 | 3,548,142.37 |
| 2415 | PR | 1567312 | 09/05/23 | | 29117 | Bulters, Scott D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,650.72 | 3,545,491.65 |
| 2415 | PR | 1567335 | 09/05/23 | | 29118 | Buntin, Darrell R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,190.58 | 3,543,301.07 |
| 2415 | PR | 1567359 | 09/05/23 | | 29119 | Burch, Brian J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,231.82 | 3,541,069.25 |
| 2415 | PR | 1567388 | 09/05/23 | | 29120 | Burch, Caden C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,865.32 | 3,539,203.93 |
| 2415 | PR | 1567410 | 09/05/23 | | 29121 | Burchard, Benjamin A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,334.91 | 3,537,869.02 |
| 2415 | PR | 1567431 | 09/05/23 | | 29122 | Bushman, James V. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,710.87 | 3,535,158.15 |
| 2415 | PR | 1567453 | 09/05/23 | | 29123 | Butler, Jason - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,319.51 | 3,532,838.64 |
| 2415 | PR | 1567481 | 09/05/23 | | 29124 | Butterfield, Jesse D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,692.58 | 3,531,146.06 |
| 2415 | PR | 1567502 | 09/05/23 | | 29125 | Carothers, Robert C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,060.97 | 3,527,085.09 |
| 2415 | PR | 1567529 | 09/05/23 | | 29126 | Cazaly, Marshall - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,855.26 | 3,525,229.83 |
| 2415 | PR | 1567545 | 09/05/23 | | 29127 | Clark, Shelly - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 626.96 | 3,524,602.87 |
| 2415 | PR | 1567573 | 09/05/23 | | 29128 | Collins, Seth M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,541.98 | 3,522,060.89 |

CAFMA-Central Arizona Fire and Medical
GL Account Ledger - Detail By Period
9/1/2023 through 9/30/2023

| Batch | Journal | Entry # | Date | Job | Document | Description | Debits | Credits | Balance |
|------------------------|---------|---------|---|-----|----------|--|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2415 | PR | 1567597 | 09/05/23 | | 29129 | Copenhaver, Douglas J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | \$- | \$2,264.83 | \$3,519,796.06 |
| 2415 | PR | 1567619 | 09/05/23 | | 29130 | Cox, Phillip C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 5,956.91 | 3,513,839.15 |
| 2415 | PR | 1567644 | 09/05/23 | | 29131 | Croft, Adam J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,203.32 | 3,511,635.83 |
| 2415 | PR | 1567666 | 09/05/23 | | 29132 | Crossman, Eric L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,298.15 | 3,509,337.68 |
| 2415 | PR | 1567692 | 09/05/23 | | 29133 | Cruz, Steven R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,831.02 | 3,507,506.66 |
| 2415 | PR | 1567716 | 09/05/23 | | 29134 | DalCerro, Matthew R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,445.59 | 3,506,061.07 |
| 2415 | PR | 1567740 | 09/05/23 | | 29135 | Davidson, Glenn T. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,860.57 | 3,503,200.50 |
| 2415 | PR | 1567764 | 09/05/23 | | 29136 | Davis, Bradley M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 6,078.81 | 3,497,121.69 |
| 2415 | PR | 1567786 | 09/05/23 | | 29137 | Dawson, Logan J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,162.90 | 3,495,958.79 |
| 2415 | PR | 1567810 | 09/05/23 | | 29138 | Deering, Andrew L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 952.91 | 3,495,005.88 |
| 2415 | PR | 1567837 | 09/05/23 | | 29139 | DiVall, Nelson - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,572.69 | 3,493,433.19 |
| 2415 | PR | 1567862 | 09/05/23 | | 29140 | Dibble, Gordon L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,700.64 | 3,490,732.55 |
| 2415 | PR | 1567886 | 09/05/23 | | 29141 | Dixon, Susanne M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,445.68 | 3,488,286.87 |
| 2415 | PR | 1567912 | 09/05/23 | | 29142 | DuCharme, Zachary J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,106.78 | 3,486,180.09 |
| 2415 | PR | 1567934 | 09/05/23 | | 29143 | Duplessis, Robert A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,838.48 | 3,483,341.61 |
| 2415 | PR | 1567959 | 09/05/23 | | 29144 | Dwyer, Jonathan M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,981.61 | 3,481,360.00 |
| 2415 | PR | 1567985 | 09/05/23 | | 29145 | Eckle, Kellan J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,992.21 | 3,479,367.79 |
| 2415 | PR | 1568007 | 09/05/23 | | 29146 | Edwards, David S. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,831.81 | 3,476,535.98 |
| 2415 | PR | 1568029 | 09/05/23 | | 29147 | Engel, Nicole - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,049.75 | 3,475,486.23 |
| 2415 | PR | 1568053 | 09/05/23 | | 29148 | Estrada, Emilio C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,902.88 | 3,473,583.35 |
| 2415 | PR | 1568074 | 09/05/23 | | 29149 | Fast, Teresa A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,189.53 | 3,472,393.82 |
| 2415 | PR | 1568096 | 09/05/23 | | 29150 | Feddema, John J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,077.02 | 3,468,316.80 |
| 2415 | PR | 1568124 | 09/05/23 | | 29151 | Ferris, Ryan M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,190.28 | 3,466,126.52 |
| 2415 | PR | 1568148 | 09/05/23 | | 29152 | Fields, Brody J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,370.33 | 3,462,756.19 |
| 2415 | PR | 1568176 | 09/05/23 | | 29153 | Fournier, Nick T. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,575.51 | 3,460,180.68 |

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| Batch | Journal | Entry # | Date | Job | Document | Description | Debits | Credits | Balance |
|------------------------|---------|---------|---|-----|----------|--|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2415 | PR | 1568198 | 09/05/23 | | 29154 | Frazier, Antonio - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | \$- | \$2,948.07 | \$3,457,232.61 |
| 2415 | PR | 1568219 | 09/05/23 | | 29155 | Freeman, Michael - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,680.29 | 3,455,552.32 |
| 2415 | PR | 1568242 | 09/05/23 | | 29156 | Freitag, Scott A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,486.38 | 3,451,065.94 |
| 2415 | PR | 1568266 | 09/05/23 | | 29157 | Gallman, Timothy B. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,334.72 | 3,449,731.22 |
| 2415 | PR | 1568290 | 09/05/23 | | 29158 | Gardea Chaparro, Ivonne - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,087.45 | 3,448,643.77 |
| 2415 | PR | 1568311 | 09/05/23 | | 29159 | Gentle, Isabel - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,101.00 | 3,447,542.77 |
| 2415 | PR | 1568336 | 09/05/23 | | 29160 | Gentle, Joshua A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,343.15 | 3,446,199.62 |
| 2415 | PR | 1568360 | 09/05/23 | | 29161 | Gillihan, Jim W. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,942.38 | 3,444,257.24 |
| 2415 | PR | 1568384 | 09/05/23 | | 29162 | Ginn, James E. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,451.32 | 3,441,805.92 |
| 2415 | PR | 1568407 | 09/05/23 | | 29163 | Goodman, Laurie K. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,558.42 | 3,440,247.50 |
| 2415 | PR | 1568439 | 09/05/23 | | 29164 | Gray, JT A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,694.17 | 3,438,553.33 |
| 2415 | PR | 1568466 | 09/05/23 | | 29165 | Guzzo, Nicholas R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,802.51 | 3,436,750.82 |
| 2415 | PR | 1568497 | 09/05/23 | | 29166 | Hall, Jace R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,809.53 | 3,432,941.29 |
| 2415 | PR | 1568526 | 09/05/23 | | 29167 | Hampton, Daniel A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,945.15 | 3,430,996.14 |
| 2415 | PR | 1568549 | 09/05/23 | | 29168 | Harper, Leslie R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,292.20 | 3,427,703.94 |
| 2415 | PR | 1568571 | 09/05/23 | | 29169 | Hlavacek, Evan - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,238.95 | 3,425,464.99 |
| 2415 | PR | 1568595 | 09/05/23 | | 29170 | Horstman, Stephen W. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,118.99 | 3,422,346.00 |
| 2415 | PR | 1568617 | 09/05/23 | | 29171 | Huddleston, Michael B. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,638.01 | 3,419,707.99 |
| 2415 | PR | 1568643 | 09/05/23 | | 29172 | Hutchison, Ethan K. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,552.34 | 3,416,155.65 |
| 2415 | PR | 1568660 | 09/05/23 | | 29173 | Ingrao, Jory - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,282.17 | 3,412,873.48 |
| 2415 | PR | 1568689 | 09/05/23 | | 29174 | Isbell, Tienna B. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,736.59 | 3,411,136.89 |
| 2415 | PR | 1568717 | 09/05/23 | | 29175 | Jacobson, Terrence L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,867.24 | 3,408,269.65 |
| 2415 | PR | 1568741 | 09/05/23 | | 29176 | Jimenez, Valentin - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,535.28 | 3,406,734.37 |
| 2415 | PR | 1568763 | 09/05/23 | | 29177 | Johnson, Carrie A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,804.28 | 3,403,930.09 |
| 2415 | PR | 1568789 | 09/05/23 | | 29178 | Jones, Shaun D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,334.43 | 3,401,595.66 |
| 2415 | PR | 1568810 | 09/05/23 | | 29179 | Jordan, Tessa M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,026.92 | 3,400,568.74 |

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|------------------------|---------|---------|---|-----|----------|---|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2415 | PR | 1568835 | 09/05/23 | | 29180 | King, Jeremiah D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | \$- | \$2,661.02 | \$3,397,907.72 |
| 2415 | PR | 1568862 | 09/05/23 | | 29181 | Kirk, Jaron J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,784.18 | 3,396,123.54 |
| 2415 | PR | 1568884 | 09/05/23 | | 29182 | Kohler, Travis W. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,133.45 | 3,392,990.09 |
| 2415 | PR | 1568911 | 09/05/23 | | 29183 | Kontz, Andrew M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,937.02 | 3,391,053.07 |
| 2415 | PR | 1568938 | 09/05/23 | | 29184 | Kontz, Michael V. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,403.30 | 3,388,649.77 |
| 2415 | PR | 1568957 | 09/05/23 | | 29185 | Krizo, Denise M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 959.71 | 3,387,690.06 |
| 2415 | PR | 1568981 | 09/05/23 | | 29186 | Kuykendall, Jeffery W. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,771.00 | 3,382,919.06 |
| 2415 | PR | 1569004 | 09/05/23 | | 29187 | Legge, David B. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,880.16 | 3,380,038.90 |
| 2415 | PR | 1569031 | 09/05/23 | | 29188 | Litchfield, Ronald K. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 5,450.64 | 3,374,588.26 |
| 2415 | PR | 1569052 | 09/05/23 | | 29189 | Lopeman, Keith A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,174.76 | 3,372,413.50 |
| 2415 | PR | 1569073 | 09/05/23 | | 29190 | Lopez, Nelson P. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,541.54 | 3,370,871.96 |
| 2415 | PR | 1569100 | 09/05/23 | | 29191 | Lund, Kyle L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,943.30 | 3,368,928.66 |
| 2415 | PR | 1569128 | 09/05/23 | | 29192 | Lynch, Peter J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,016.17 | 3,366,912.49 |
| 2415 | PR | 1569153 | 09/05/23 | | 29193 | Lys, Damian P. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,628.88 | 3,363,283.61 |
| 2415 | PR | 1569175 | 09/05/23 | | 29194 | Madden, James P. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,497.61 | 3,361,786.00 |
| 2415 | PR | 1569196 | 09/05/23 | | 29195 | Mauldin, Karen S. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,213.64 | 3,358,572.36 |
| 2415 | PR | 1569221 | 09/05/23 | | 29196 | Mauldin, Mark E. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,173.80 | 3,355,398.56 |
| 2415 | PR | 1569238 | 09/05/23 | | 29197 | Mazon, Joshua M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,160.39 | 3,353,238.17 |
| 2415 | PR | 1569264 | 09/05/23 | | 29198 | McCarthy, Nicholas A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,438.24 | 3,351,799.93 |
| 2415 | PR | 1569289 | 09/05/23 | | 29199 | McCarty, Daniel L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,253.89 | 3,348,546.04 |
| 2415 | PR | 1569315 | 09/05/23 | | 29200 | McFadden, Matthew C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,917.20 | 3,346,628.84 |
| 2415 | PR | 1569342 | 09/05/23 | | 29201 | McFadden, Michael J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,363.96 | 3,344,264.88 |
| 2415 | PR | 1569369 | 09/05/23 | | 29202 | McIntire, Jacob V. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,184.74 | 3,342,080.14 |
| 2415 | PR | 1569393 | 09/05/23 | | 29203 | Merrill, Eric R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,950.61 | 3,339,129.53 |
| 2415 | PR | 1569422 | 09/05/23 | | 29204 | Moore, Aaron J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,069.02 | 3,335,060.51 |

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|------------------------|---------|---------|---|-----|----------|--|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2415 | PR | 1569449 | 09/05/23 | | 29205 | Moore, Ryan T. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | \$- | \$1,834.88 | \$3,333,225.63 |
| 2415 | PR | 1569475 | 09/05/23 | | 29206 | Muniz, Thomas E. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,662.50 | 3,331,563.13 |
| 2415 | PR | 1569497 | 09/05/23 | | 29207 | Murphey, Patricia D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,229.33 | 3,328,333.80 |
| 2415 | PR | 1569526 | 09/05/23 | | 29208 | Nall, William T. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,643.51 | 3,326,690.29 |
| 2415 | PR | 1569550 | 09/05/23 | | 29209 | Nelson, Michael J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,659.66 | 3,325,030.63 |
| 2415 | PR | 1569579 | 09/05/23 | | 29210 | Niemynski, Doug T. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 7,655.49 | 3,317,375.14 |
| 2415 | PR | 1569605 | 09/05/23 | | 29211 | Nolan, Jason K. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,057.53 | 3,314,317.61 |
| 2415 | PR | 1569628 | 09/05/23 | | 29212 | O'Neil, Kevin T. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,102.90 | 3,312,214.71 |
| 2415 | PR | 1569658 | 09/05/23 | | 29213 | Olson, Rick C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,092.22 | 3,308,122.49 |
| 2415 | PR | 1569682 | 09/05/23 | | 29214 | Overmyer, Titus C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,590.56 | 3,306,531.93 |
| 2415 | PR | 1569704 | 09/05/23 | | 29215 | Parra, Dustin A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,181.23 | 3,303,350.70 |
| 2415 | PR | 1569723 | 09/05/23 | | 29216 | Peckham, Christopher D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,006.38 | 3,301,344.32 |
| 2415 | PR | 1569748 | 09/05/23 | | 29217 | Pena, Christopher D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,980.67 | 3,299,363.65 |
| 2415 | PR | 1569779 | 09/05/23 | | 29218 | Perez, Anthony R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,092.35 | 3,296,271.30 |
| 2415 | PR | 1569802 | 09/05/23 | | 29219 | Perkins, Shane M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,018.30 | 3,294,253.00 |
| 2415 | PR | 1569830 | 09/05/23 | | 29220 | Poliakon, Brett M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,010.49 | 3,291,242.51 |
| 2415 | PR | 1569857 | 09/05/23 | | 29221 | Pope, Michael V. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,575.40 | 3,289,667.11 |
| 2415 | PR | 1569884 | 09/05/23 | | 29222 | Postula, Justin M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,809.51 | 3,285,857.60 |
| 2415 | PR | 1569911 | 09/05/23 | | 29223 | Postula, Karl A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,580.62 | 3,281,276.98 |
| 2415 | PR | 1569932 | 09/05/23 | | 29224 | Prange, Ross L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 5,182.08 | 3,276,094.90 |
| 2415 | PR | 1569958 | 09/05/23 | | 29225 | Pruitt, Robert E. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,159.12 | 3,271,935.78 |
| 2415 | PR | 1569981 | 09/05/23 | | 29226 | Rafters, William C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,700.27 | 3,270,235.51 |
| 2415 | PR | 1570004 | 09/05/23 | | 29227 | Redfern, Joshua L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,701.26 | 3,268,534.25 |
| 2415 | PR | 1570029 | 09/05/23 | | 29228 | Reeves, Katherine D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,276.62 | 3,267,257.63 |
| 2415 | PR | 1570053 | 09/05/23 | | 29229 | Rendl, Robert A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 4,311.24 | 3,262,946.39 |

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|------------------------|---------|---------|---|-----|----------|--|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2415 | PR | 1570079 | 09/05/23 | | 29230 | Reyes, Adam N. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | \$- | \$2,085.57 | \$3,260,860.82 |
| 2415 | PR | 1570096 | 09/05/23 | | 29231 | Roberts, Jerry R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,155.82 | 3,258,705.00 |
| 2415 | PR | 1570123 | 09/05/23 | | 29232 | Rocha, Edgar O. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,346.90 | 3,257,358.10 |
| 2415 | PR | 1570149 | 09/05/23 | | 29233 | Roche, Benjamin H. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,689.03 | 3,254,669.07 |
| 2415 | PR | 1570172 | 09/05/23 | | 29234 | Rose, Cody S. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,596.69 | 3,251,072.38 |
| 2415 | PR | 1570206 | 09/05/23 | | 29235 | Runo, Kyle E. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,760.66 | 3,248,311.72 |
| 2415 | PR | 1570232 | 09/05/23 | | 29236 | Ryan, Keith M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,486.49 | 3,246,825.23 |
| 2415 | PR | 1570253 | 09/05/23 | | 29237 | Scaife, Domenic J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,078.44 | 3,243,746.79 |
| 2415 | PR | 1570277 | 09/05/23 | | 29238 | Schiffmacher, Gerald - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,907.93 | 3,241,838.86 |
| 2415 | PR | 1570297 | 09/05/23 | | 29239 | Schuster Jr., Alan J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,960.81 | 3,238,878.05 |
| 2415 | PR | 1570322 | 09/05/23 | | 29240 | Seets, James W. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 8,744.29 | 3,230,133.76 |
| 2415 | PR | 1570349 | 09/05/23 | | 29241 | Sheldon, Wesley K. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,901.27 | 3,226,232.49 |
| 2415 | PR | 1570370 | 09/05/23 | | 29242 | Sherman, Kylee N. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,006.23 | 3,225,226.26 |
| 2415 | PR | 1570393 | 09/05/23 | | 29243 | Sims, Lacie J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,429.15 | 3,223,797.11 |
| 2415 | PR | 1570420 | 09/05/23 | | 29244 | Smith, Jacob A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 958.94 | 3,222,838.17 |
| 2415 | PR | 1570449 | 09/05/23 | | 29245 | Smith, Russell - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,643.37 | 3,219,194.80 |
| 2415 | PR | 1570475 | 09/05/23 | | 29246 | Smith, Travis L. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 7,468.58 | 3,211,726.22 |
| 2415 | PR | 1570498 | 09/05/23 | | 29247 | Smith, Kristopher A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,506.35 | 3,210,219.87 |
| 2415 | PR | 1570522 | 09/05/23 | | 29248 | Snyder, Timothy E. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,510.41 | 3,207,709.46 |
| 2415 | PR | 1570545 | 09/05/23 | | 29249 | Stewart, Jeff - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,996.81 | 3,205,712.65 |
| 2415 | PR | 1570572 | 09/05/23 | | 29250 | Stooks, Wallace C. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,919.33 | 3,201,793.32 |
| 2415 | PR | 1570596 | 09/05/23 | | 29251 | Stretton, Garrett M. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,320.80 | 3,200,472.52 |
| 2415 | PR | 1570620 | 09/05/23 | | 29252 | Tharp, David S. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,950.33 | 3,197,522.19 |
| 2415 | PR | 1570645 | 09/05/23 | | 29253 | Thompson, Jacob S. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,838.70 | 3,195,683.49 |
| 2415 | PR | 1570673 | 09/05/23 | | 29254 | Tillich, Timothy A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 1,689.13 | 3,193,994.36 |
| 2415 | PR | 1570690 | 09/05/23 | | 29255 | Tirpak, Darrell J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,895.81 | 3,191,098.55 |

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|-----------------|---------|---------|--------------------------------------|-----|------------|---|------------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2415 | PR | 1570717 | 09/05/23 | | 29256 | Trask, Ryan A. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | \$- | \$7,280.49 | \$3,183,818.06 |
| 2415 | PR | 1570743 | 09/05/23 | | 29257 | Trujillo, Erik J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,001.66 | 3,181,816.40 |
| 2415 | PR | 1570769 | 09/05/23 | | 29258 | Turner, Kenneth R. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,819.30 | 3,178,997.10 |
| 2415 | PR | 1570790 | 09/05/23 | | 29259 | VanTuyl, Jonah D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,050.62 | 3,175,946.48 |
| 2415 | PR | 1570817 | 09/05/23 | | 29260 | Vanatta, Justin B. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,644.37 | 3,172,302.11 |
| 2415 | PR | 1570841 | 09/05/23 | | 29261 | Wagner, Adam D. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,437.71 | 3,169,864.40 |
| 2415 | PR | 1570864 | 09/05/23 | | 29262 | Wittenberg, David J. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 2,528.03 | 3,167,336.37 |
| 2415 | PR | 1570891 | 09/05/23 | | 29263 | Zazueta, Robert P. - Payroll Bi-Weekly-Direct Deposit 9/5/2023 | - | 3,058.20 | 3,164,278.17 |
| 2440 | CR | 1580475 | 09/07/23 | | 0000061302 | VFIS CLAIMS MANAGEMENT INC - | 12,398.41 | - | 3,176,676.58 |
| 2443 | CR | 1580523 | 09/07/23 | | 0058261438 | McRoberts, Steven & Elizabeth - | 88.75 | - | 3,176,765.33 |
| 2443 | CR | 1580487 | 09/07/23 | | 0510610246 | Bliss, Scott - | 32.64 | - | 3,176,797.97 |
| 2443 | CR | 1580486 | 09/07/23 | | 0510610247 | Curry, Robert - | 14.68 | - | 3,176,812.65 |
| 2443 | CR | 1580488 | 09/07/23 | | 0510610271 | Sims, Mike - | 14.68 | - | 3,176,827.33 |
| 2443 | CR | 1580525 | 09/07/23 | | 0936755 | AZ Dept of Forestry & Fire Mgt - | 136,113.46 | - | 3,312,940.79 |
| 2443 | CR | 1580524 | 09/07/23 | | 0939812 | AZ Dept of Forestry & Fire Mgt - | 129,768.28 | - | 3,442,709.07 |
| 2440 | CR | 1580474 | 09/07/23 | | 16510 | PLANS REVIEW - | 125.00 | - | 3,442,834.07 |
| 2440 | CR | 1580471 | 09/07/23 | | 19852 | SIMPSON, JIM AND GLORIA - | 1,780.82 | - | 3,444,614.89 |
| 2442 | CR | 1580483 | 09/07/23 | | 217593 | Mayhall, Mathew - | 260.00 | - | 3,444,874.89 |
| 2443 | CR | 1580492 | 09/07/23 | | 217593 | Mills, Brett - | 390.00 | - | 3,445,264.89 |
| 2443 | CR | 1580493 | 09/07/23 | | 217593 | Bliss, Scott - | 150.00 | - | 3,445,414.89 |
| 2443 | CR | 1580494 | 09/07/23 | | 217593 | CAMACHO, ALBERT - | 260.00 | - | 3,445,674.89 |
| 2443 | CR | 1580495 | 09/07/23 | | 217593 | Chase, Rick - | 112.20 | - | 3,445,787.09 |
| 2443 | CR | 1580496 | 09/07/23 | | 217593 | COLE, BRIAN - | 86.70 | - | 3,445,873.79 |
| 2443 | CR | 1580497 | 09/07/23 | | 217593 | COOK, CHARLES - | 86.70 | - | 3,445,960.49 |
| 2443 | CR | 1580498 | 09/07/23 | | 217593 | Curry, Robert - | 86.70 | - | 3,446,047.19 |
| 2443 | CR | 1580499 | 09/07/23 | | 217593 | CURTIS, DAVID - | 42.84 | - | 3,446,090.03 |
| 2443 | CR | 1580500 | 09/07/23 | | 217593 | DALE, JACK - | 86.70 | - | 3,446,176.73 |
| 2443 | CR | 1580501 | 09/07/23 | | 217593 | DIBBLE, STEVE - | 86.70 | - | 3,446,263.43 |
| 2443 | CR | 1580502 | 09/07/23 | | 217593 | Douglas, Ren - | 86.70 | - | 3,446,350.13 |
| 2443 | CR | 1580503 | 09/07/23 | | 217593 | HARRIS, ALLEN - | 86.70 | - | 3,446,436.83 |
| 2443 | CR | 1580504 | 09/07/23 | | 217593 | INGRAO, JACK - | 86.70 | - | 3,446,523.53 |
| 2443 | CR | 1580505 | 09/07/23 | | 217593 | KELLEY, JOE - | 42.84 | - | 3,446,566.37 |
| 2443 | CR | 1580506 | 09/07/23 | | 217593 | LOPEZ, RODNEY - | 86.70 | - | 3,446,653.07 |
| 2443 | CR | 1580507 | 09/07/23 | | 217593 | Mayhall, Mathew - | 112.20 | - | 3,446,765.27 |
| 2443 | CR | 1580508 | 09/07/23 | | 217593 | MOORE, SCOTT - | 86.70 | - | 3,446,851.97 |
| 2443 | CR | 1580509 | 09/07/23 | | 217593 | NESS, DANIEL - | 42.84 | - | 3,446,894.81 |
| 2443 | CR | 1580510 | 09/07/23 | | 217593 | PARRISH, MICHAEL - | 42.84 | - | 3,446,937.65 |
| 2443 | CR | 1580511 | 09/07/23 | | 217593 | POLACEK, JEFF - | 260.00 | - | 3,447,197.65 |
| 2443 | CR | 1580512 | 09/07/23 | | 217593 | Reyes, Charlie - | 86.70 | - | 3,447,284.35 |
| 2443 | CR | 1580513 | 09/07/23 | | 217593 | ROBISON, MICHAEL J. - | 86.70 | - | 3,447,371.05 |

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| Batch | Journal | Entry # | Date | Job | Document | Description | Debits | Credits | Balance |
|-----------------|---------|---------|--------------------------------------|-----|--------------------|--|-----------|-----------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2443 | CR | 1580514 | 09/07/23 | | 217593 | Sims, Mike - | \$86.70 | \$- | \$3,447,457.75 |
| 2443 | CR | 1580515 | 09/07/23 | | 217593 | Tarver, Shawn - | 86.70 | - | 3,447,544.45 |
| 2443 | CR | 1580516 | 09/07/23 | | 217593 | Tucker, Michael - | 260.00 | - | 3,447,804.45 |
| 2443 | CR | 1580517 | 09/07/23 | | 217593 | Valadez, Armando - | 72.42 | - | 3,447,876.87 |
| 2443 | CR | 1580518 | 09/07/23 | | 217593 | VANATTA, DAVIN - | 150.00 | - | 3,448,026.87 |
| 2443 | CR | 1580519 | 09/07/23 | | 217593 | WILHARM, BRIAN - | 86.70 | - | 3,448,113.57 |
| 2440 | CR | 1580472 | 09/07/23 | | 2268961412 | RECORDS REQUEST - | 22.00 | - | 3,448,135.57 |
| 2443 | CR | 1580491 | 09/07/23 | | 2357 | BUSHAW, LOREN - | 0.40 | - | 3,448,135.97 |
| 2443 | CR | 1580520 | 09/07/23 | | 2386 | DeJoria, Dana - | 721.27 | - | 3,448,857.24 |
| 2443 | CR | 1580489 | 09/07/23 | | 320647 | Town of Prescott Valley - | 66,328.88 | - | 3,515,186.12 |
| 2443 | CR | 1580485 | 09/07/23 | | 40433353 | YAVAPAI CO SHERIFF'S OFFICE - | 19,830.50 | - | 3,535,016.62 |
| 2443 | CR | 1580522 | 09/07/23 | | 706103743 | VERDE VALLEY FIRE DISTRICT - | 733.82 | - | 3,535,750.44 |
| 2443 | CR | 1580490 | 09/07/23 | | 73000997 | SKYVIEW SCHOOL - | 78.41 | - | 3,535,828.85 |
| 2443 | CR | 1580521 | 09/07/23 | | 8300019179 | HELLS GATE FIRE DEPARTMENT - | 802.26 | - | 3,536,631.11 |
| 2440 | CR | 1580473 | 09/07/23 | | CASH | Oneill, Thomas - | 72.14 | - | 3,536,703.25 |
| 2437 | CD | 1579888 | 09/11/23 | | 756745272 | American Express, Inc. - Cash Disbursement AMEEXP | - | 1,380.62 | 3,535,322.63 |
| 2437 | CD | 1579899 | 09/11/23 | | 756745273 | Chase Bank - Cash Disbursement CHASE | - | 5,859.94 | 3,529,462.69 |
| 2437 | CD | 1579902 | 09/11/23 | | DIR.DEP.POPE.9.12. | Chase Bank - PR - DIRECT DEPOSIT POPE 9.12.23 | 3,596.85 | - | 3,533,059.54 |
| 2432 | PR | 1575798 | 09/12/23 | | 29264 | Pope, Michael V. - Payroll Bi-Weekly-Direct Deposit 9/12/2023 | - | 3,596.85 | 3,529,462.69 |
| 2444 | CR | 1580676 | 09/14/23 | | 0058896520 | RUNO, KYLE - | 130.44 | - | 3,529,593.13 |
| 2444 | CR | 1580672 | 09/14/23 | | 0510610285 | VANATTA, DAVIN - | 721.27 | - | 3,530,314.40 |
| 2444 | CR | 1580674 | 09/14/23 | | 0510610380 | Bliss, Scott - | 721.27 | - | 3,531,035.67 |
| 2444 | CR | 1580671 | 09/14/23 | | 0510610381 | Valadez, Armando - | 7.33 | - | 3,531,043.00 |
| 2444 | CR | 1580673 | 09/14/23 | | 0510610383 | Curry, Robert - | 14.68 | - | 3,531,057.68 |
| 2436 | CR | 1579874 | 09/14/23 | | 0947342 | AZ Dept of Forestry & Fire Mgt - | 13,529.29 | - | 3,544,586.97 |
| 2436 | CR | 1579875 | 09/14/23 | | 100005 | Priority Ambulance - | 4,521.16 | - | 3,549,108.13 |
| 2444 | CR | 1580666 | 09/14/23 | | 10002 | WALKER FIRE PROTECTION ASSOC. - | 1,477.94 | - | 3,550,586.07 |
| 2444 | CR | 1580668 | 09/14/23 | | 15490 | CHRISTOPHER KOHLS FIRE DEPT - | 90.70 | - | 3,550,676.77 |
| 2444 | CR | 1580669 | 09/14/23 | | 15492 | CHRISTOPHER KOHLS FIRE DEPT - | 142.53 | - | 3,550,819.30 |
| 2435 | CR | 1579869 | 09/14/23 | | 16513 | PLANS REVIEW - | 458.00 | - | 3,551,277.30 |
| 2435 | CR | 1579868 | 09/14/23 | | 16516 | PLANS REVIEW - | 121.00 | - | 3,551,398.30 |
| 2444 | CR | 1580675 | 09/14/23 | | 40433529 | YAVAPAI CO SHERIFF'S OFFICE - | 3,074.74 | - | 3,554,473.04 |
| 2444 | CR | 1580670 | 09/14/23 | | 706103761 | VERDE VALLEY FIRE DISTRICT - | 2,363.69 | - | 3,556,836.73 |
| 2444 | CR | 1580665 | 09/14/23 | | 706601433 | Yarnell Fire District - | 138.95 | - | 3,556,975.68 |
| 2444 | CR | 1580667 | 09/14/23 | | 834000097 | Blue Ridge Fire - | 76.65 | - | 3,557,052.33 |
| 2439 | CR | 1580466 | 09/14/23 | | 9197 | PLANS REVIEW - | 508.00 | - | 3,557,560.33 |
| 2435 | CR | 1579870 | 09/14/23 | | CASH | MISCELLANEOUS INCOME - | 10.00 | - | 3,557,570.33 |
| 2439 | CR | 1580467 | 09/14/23 | | CASH | Lambson, Scott - | 605.00 | - | 3,558,175.33 |
| 2437 | CD | 1579915 | 09/18/23 | | 756745274 | A2Z Home Center, LLC - Cash Disbursement A2ZHOM | - | 25.14 | 3,558,150.19 |
| 2437 | CD | 1579917 | 09/18/23 | | 756745275 | Able Saw, LLC - Cash Disbursement ABLSAW | - | 797.62 | 3,557,352.57 |
| 2437 | CD | 1579920 | 09/18/23 | | 756745276 | American Fence Co, Inc - Cash Disbursement AMFECO | - | 3,450.00 | 3,553,902.57 |
| 2437 | CD | 1579922 | 09/18/23 | | 756745277 | Amsoil Inc - Cash Disbursement AMSOIL | - | 4,316.80 | 3,549,585.77 |
| 2437 | CD | 1579925 | 09/18/23 | | 756745278 | APS - Cash Disbursement APS | - | 18,736.61 | 3,530,849.16 |
| 2437 | CD | 1579952 | 09/18/23 | | 756745280 | Arizona Dept. of Public Safety - Cash Disbursement ARDEPU | - | 220.00 | 3,530,629.16 |

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|------------------------|---------|---------|---|-----|-----------|--|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2437 | CD | 1579963 | 09/18/23 | | 756745281 | Bennett Oil - Cash Disbursement BENOIL | \$- | \$5,025.30 | \$3,525,603.86 |
| 2437 | CD | 1579967 | 09/18/23 | | 756745282 | Bound Tree Medical LLC - Cash Disbursement BOTRME | - | 10,044.28 | 3,515,559.58 |
| 2437 | CD | 1579994 | 09/18/23 | | 756745284 | Bradshaw Mtn Environmental Inc - Cash Disbursement BRMOEN | - | 530.00 | 3,515,029.58 |
| 2437 | CD | 1579997 | 09/18/23 | | 756745285 | B & W Fire Security Systems - Cash Disbursement BWFISE | - | 1,943.50 | 3,513,086.08 |
| 2437 | CD | 1580001 | 09/18/23 | | 756745286 | Sparklight - Cash Disbursement CABONE | - | 1,163.00 | 3,511,923.08 |
| 2437 | CD | 1580008 | 09/18/23 | | 756745287 | CARDIAC CARE PC - Cash Disbursement CARCAR | - | 5,500.00 | 3,506,423.08 |
| 2437 | CD | 1580010 | 09/18/23 | | 756745288 | Chase Bank - Cash Disbursement CHASE | - | 4,964.61 | 3,501,458.47 |
| 2437 | CD | 1580028 | 09/18/23 | | 756745289 | Chase Bank - Cash Disbursement CHASE | - | 842,178.39 | 2,659,280.08 |
| 2437 | CD | 1580055 | 09/18/23 | | 756745291 | Chase Card Services - Cash Disbursement CHCASE | - | 14,561.10 | 2,644,718.98 |
| 2437 | CD | 1580139 | 09/18/23 | | 756745296 | L.N. Curtis & Sons - Cash Disbursement CUTOHE | - | 222.06 | 2,644,496.92 |
| 2437 | CD | 1580143 | 09/18/23 | | 756745297 | Dish Network - Cash Disbursement DISNET | - | 138.11 | 2,644,358.81 |
| 2437 | CD | 1580145 | 09/18/23 | | 756745298 | El Rey Pumping Service - Cash Disbursement ELREPU | - | 660.00 | 2,643,698.81 |
| 2437 | CD | 1580147 | 09/18/23 | | 756745299 | Entenmann-Rovin Co - Cash Disbursement ENROCO | - | 1,598.45 | 2,642,100.36 |
| 2437 | CD | 1580159 | 09/18/23 | | 756745300 | FACTORY MOTOR PARTS - Cash Disbursement FAMOPA | - | 292.10 | 2,641,808.26 |
| 2437 | CD | 1580164 | 09/18/23 | | 756745301 | FEDEX - Cash Disbursement FEDEXP | - | 185.67 | 2,641,622.59 |
| 2437 | CD | 1580167 | 09/18/23 | | 756745302 | Galls LLC - Cash Disbursement GALLS | - | 368.43 | 2,641,254.16 |
| 2437 | CD | 1580171 | 09/18/23 | | 756745303 | GovInvest Inc - Cash Disbursement GOVINV | - | 7,172.64 | 2,634,081.52 |
| 2437 | CD | 1580174 | 09/18/23 | | 756745304 | GRANITE TELECOMMUNICATIONS LLC - Cash Disbursement GRANET | - | 567.22 | 2,633,514.30 |
| 2437 | CD | 1580176 | 09/18/23 | | 756745305 | ImageTrend - Cash Disbursement IMATRE | - | 2,222.29 | 2,631,292.01 |
| 2437 | CD | 1580179 | 09/18/23 | | 756745306 | Jatheon Technologies Inc - Cash Disbursement JATTEC | - | 1,790.00 | 2,629,502.01 |
| 2437 | CD | 1580181 | 09/18/23 | | 756745307 | KAIROS Health Arizona, Inc - Cash Disbursement KAIROS | - | 180,185.35 | 2,449,316.66 |
| 2437 | CD | 1580196 | 09/18/23 | | 756745308 | Kevin Lollar Electric, LLC - Cash Disbursement KELOEL | - | 1,254.97 | 2,448,061.69 |
| 2437 | CD | 1580199 | 09/18/23 | | 756745309 | Lamb Chevrolet - Cash Disbursement LAMCHE | - | 176.34 | 2,447,885.35 |
| 2437 | CD | 1580202 | 09/18/23 | | 756745310 | JLS Tools, LLC - Cash Disbursement MACTOO | - | 167.93 | 2,447,717.42 |
| 2437 | CD | 1580205 | 09/18/23 | | 756745311 | Manzanita Landscaping, Inc - Cash Disbursement MANLAN | - | 1,357.18 | 2,446,360.24 |
| 2437 | CD | 1580210 | 09/18/23 | | 756745312 | MAUER SEALING AND STRIPING LLC - Cash Disbursement MASEST | - | 950.00 | 2,445,410.24 |
| 2437 | CD | 1580212 | 09/18/23 | | 756745313 | Matheson Tri-Gas, Inc - Cash Disbursement MATTRI | - | 2,896.99 | 2,442,513.25 |
| 2437 | CD | 1580229 | 09/18/23 | | 756745314 | MATHEW TRAVIS MAYHALL - Cash Disbursement MAYMAT | - | 260.00 | 2,442,253.25 |
| 2437 | CD | 1580231 | 09/18/23 | | 756745315 | Municipal Emergency Svcs Inc - Cash Disbursement MES | - | 8,327.37 | 2,433,925.88 |
| 2437 | CD | 1580260 | 09/18/23 | | 756745317 | MILLS, BRETT - Cash Disbursement MILBRE | - | 390.00 | 2,433,535.88 |
| 2437 | CD | 1580263 | 09/18/23 | | 756745318 | NAPA Auto Parts - Cash Disbursement NAAUPA | - | 1,006.78 | 2,432,529.10 |
| 2437 | CD | 1580300 | 09/18/23 | | 756745321 | NFP Property and Casualty - Cash Disbursement NFPPRO | - | 42,215.00 | 2,390,314.10 |
| 2437 | CD | 1580302 | 09/18/23 | | 756745322 | Northern Arizona Inspection - Cash Disbursement NOARIN | - | 4,960.00 | 2,385,354.10 |
| 2437 | CD | 1580304 | 09/18/23 | | 756745323 | Northern AZ Premier Termite - Cash Disbursement NOAZTE | - | 430.00 | 2,384,924.10 |
| 2437 | CD | 1580306 | 09/18/23 | | 756745324 | O'Reilly Auto Parts - Cash Disbursement ORAUPA | - | 265.23 | 2,384,658.87 |

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|------------------------|---------|---------|---|-----|------------------------|--|------------|-----------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2437 | CD | 1580327 | 09/18/23 | | 756745326 | Pitney Bowes Global Financial - Cash Disbursement PIBOGL | \$- | \$137.57 | \$2,384,521.30 |
| 2437 | CD | 1580330 | 09/18/23 | | 756745327 | Prescott Steel & Welding - Cash Disbursement PRSTWE | - | 515.68 | 2,384,005.62 |
| 2437 | CD | 1580339 | 09/18/23 | | 756745328 | Prescott Valley Ace Hardware - Cash Disbursement PVACHA | - | 142.74 | 2,383,862.88 |
| 2437 | CD | 1580354 | 09/18/23 | | 756745329 | Republic EVS - Cash Disbursement REPEVS | - | 371.54 | 2,383,491.34 |
| 2437 | CD | 1580357 | 09/18/23 | | 756745330 | The Counseling Office of - Cash Disbursement RITDEB | - | 9,600.00 | 2,373,891.34 |
| 2437 | CD | 1580363 | 09/18/23 | | 756745331 | RWC Group - Cash Disbursement RWCINT | - | 8,576.02 | 2,365,315.32 |
| 2437 | CD | 1580378 | 09/18/23 | | 756745332 | Safeguard Business Systems - Cash Disbursement SABUSY | - | 412.70 | 2,364,902.62 |
| 2437 | CD | 1580382 | 09/18/23 | | 756745333 | Sherwin Williams Company - Cash Disbursement SHEWIL | - | 304.55 | 2,364,598.07 |
| 2437 | CD | 1580387 | 09/18/23 | | 756745334 | Besonson Tools LLC - Cash Disbursement SNONTO | - | 38.19 | 2,364,559.88 |
| 2437 | CD | 1580390 | 09/18/23 | | 756745335 | PSTrax - Cash Disbursement STAAUT | - | 26,833.75 | 2,337,726.13 |
| 2437 | CD | 1580404 | 09/18/23 | | 756745336 | Staples Contract & Commmerc.Inc - Cash Disbursement STACOM | - | 75.44 | 2,337,650.69 |
| 2437 | CD | 1580413 | 09/18/23 | | 756745337 | D.G.Shoemaker & Associates Inc - Cash Disbursement SUNSUP | - | 1,878.55 | 2,335,772.14 |
| 2437 | CD | 1580420 | 09/18/23 | | 756745338 | Swift Group LLC - Cash Disbursement SWIGRP | - | 4,269.20 | 2,331,502.94 |
| 2437 | CD | 1580424 | 09/18/23 | | 756745339 | Teleflex Funding LLC - Cash Disbursement TELEFL | - | 119.23 | 2,331,383.71 |
| 2437 | CD | 1580433 | 09/18/23 | | 756745340 | The Hike Shack - Cash Disbursement THHISH | - | 1,090.63 | 2,330,293.08 |
| 2437 | CD | 1580450 | 09/18/23 | | 756745341 | Town of Prescott Valley - Cash Disbursement TOPRVA | - | 140.57 | 2,330,152.51 |
| 2437 | CD | 1580453 | 09/18/23 | | 756745342 | Tri Air Testing - Cash Disbursement TRAITE | - | 4,728.00 | 2,325,424.51 |
| 2437 | CD | 1580456 | 09/18/23 | | 756745343 | Unisource Energy Services - Cash Disbursement UNENSE | - | 104.99 | 2,325,319.52 |
| 2437 | CD | 1580459 | 09/18/23 | | 756745344 | Verizon Wireless - Cash Disbursement VERWIR | - | 4,416.25 | 2,320,903.27 |
| 2437 | CD | 1580037 | 09/18/23 | | DIR.DEP.PPE.09.09.2023 | Chase Bank - PR - DIRECT DEPOSIT PPE 9/09/2023 | 452,203.25 | - | 2,773,106.52 |
| 2432 | PR | 1575823 | 09/19/23 | | 29265 | Abel, Todd D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 7,779.61 | 2,765,326.91 |
| 2432 | PR | 1575850 | 09/19/23 | | 29266 | Anglin, Jake J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,124.65 | 2,764,202.26 |
| 2432 | PR | 1575880 | 09/19/23 | | 29267 | Apolinar, Johnathan R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,992.70 | 2,762,209.56 |
| 2432 | PR | 1575910 | 09/19/23 | | 29268 | Aponte, Anthony M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,325.96 | 2,760,883.60 |
| 2432 | PR | 1575934 | 09/19/23 | | 29269 | Baker, Mark A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,450.69 | 2,758,432.91 |
| 2432 | PR | 1575960 | 09/19/23 | | 29270 | Barnum, Josh M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 5,260.07 | 2,753,172.84 |
| 2432 | PR | 1575990 | 09/19/23 | | 29271 | Basurto-Cancino, Leobardo - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,074.04 | 2,751,098.80 |
| 2432 | PR | 1576018 | 09/19/23 | | 29272 | Blair, Wyatt L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,325.79 | 2,748,773.01 |
| 2432 | PR | 1576040 | 09/19/23 | | 29273 | Blum, Rodney A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,931.99 | 2,746,841.02 |
| 2432 | PR | 1576063 | 09/19/23 | | 29274 | Brown Jr, Dennis F. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,906.89 | 2,743,934.13 |
| 2432 | PR | 1576090 | 09/19/23 | | 29275 | Brunk, Jacob A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,849.95 | 2,741,084.18 |

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| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2432 | PR | 1576115 | 09/19/23 | | 29276 | Buchanan, Ben D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | \$- | \$3,517.17 | \$2,737,567.01 |
| 2432 | PR | 1576138 | 09/19/23 | | 29277 | Bulters, Scott D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,706.20 | 2,734,860.81 |
| 2432 | PR | 1576161 | 09/19/23 | | 29278 | Buntin, Darrell R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,225.21 | 2,732,635.60 |
| 2432 | PR | 1576185 | 09/19/23 | | 29279 | Burch, Brian J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,279.04 | 2,730,356.56 |
| 2432 | PR | 1576214 | 09/19/23 | | 29280 | Burch, Caden C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,912.84 | 2,728,443.72 |
| 2432 | PR | 1576236 | 09/19/23 | | 29281 | Burchard, Benjamin A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,334.91 | 2,727,108.81 |
| 2432 | PR | 1576257 | 09/19/23 | | 29282 | Bushman, James V. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,501.40 | 2,724,607.41 |
| 2432 | PR | 1576279 | 09/19/23 | | 29283 | Butler, Jason - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,319.51 | 2,722,287.90 |
| 2432 | PR | 1576309 | 09/19/23 | | 29284 | Butterfield, Jesse D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,207.78 | 2,720,080.12 |
| 2432 | PR | 1576332 | 09/19/23 | | 29285 | Carothers, Robert C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,205.92 | 2,715,874.20 |
| 2432 | PR | 1576359 | 09/19/23 | | 29286 | Cazaly, Marshall - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,644.65 | 2,714,229.55 |
| 2432 | PR | 1576381 | 09/19/23 | | 29287 | Clark, Shelly - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,234.28 | 2,711,995.27 |
| 2432 | PR | 1576410 | 09/19/23 | | 29288 | Collins, Seth M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,884.21 | 2,709,111.06 |
| 2432 | PR | 1576434 | 09/19/23 | | 29289 | Copenhaver, Douglas J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,688.40 | 2,706,422.66 |
| 2432 | PR | 1576457 | 09/19/23 | | 29290 | Cox, Phillip C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 7,567.05 | 2,698,855.61 |
| 2432 | PR | 1576484 | 09/19/23 | | 29291 | Croft, Adam J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,087.09 | 2,696,768.52 |
| 2432 | PR | 1576506 | 09/19/23 | | 29292 | Crossman, Eric L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,298.15 | 2,694,470.37 |
| 2432 | PR | 1576533 | 09/19/23 | | 29293 | Cruz, Steven R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,897.52 | 2,692,572.85 |
| 2432 | PR | 1576558 | 09/19/23 | | 29294 | DalCerro, Matthew R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,519.34 | 2,691,053.51 |
| 2432 | PR | 1576583 | 09/19/23 | | 29295 | Davidson, Glenn T. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,922.12 | 2,688,131.39 |
| 2432 | PR | 1576608 | 09/19/23 | | 29296 | Davis, Bradley M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 5,014.58 | 2,683,116.81 |
| 2432 | PR | 1576630 | 09/19/23 | | 29297 | Dawson, Logan J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,162.90 | 2,681,953.91 |
| 2432 | PR | 1576654 | 09/19/23 | | 29298 | Deering, Andrew L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 952.91 | 2,681,001.00 |
| 2432 | PR | 1576683 | 09/19/23 | | 29299 | DiVall, Nelson - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,168.98 | 2,678,832.02 |
| 2432 | PR | 1576709 | 09/19/23 | | 29300 | Dibble, Gordon L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,765.14 | 2,676,066.88 |

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| Batch | Journal | Entry # | Date | Job | Document | Description | Debits | Credits | Balance |
|------------------------|---------|---------|---|-----|----------|--|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2432 | PR | 1576733 | 09/19/23 | | 29301 | Dixon, Susanne M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | \$- | \$2,445.68 | \$2,673,621.20 |
| 2432 | PR | 1576762 | 09/19/23 | | 29302 | DuCharme, Zachary J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,080.20 | 2,671,541.00 |
| 2432 | PR | 1576784 | 09/19/23 | | 29303 | Duplessis, Robert A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,897.08 | 2,668,643.92 |
| 2432 | PR | 1576812 | 09/19/23 | | 29304 | Dwyer, Jonathan M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,215.72 | 2,666,428.20 |
| 2432 | PR | 1576838 | 09/19/23 | | 29305 | Eckle, Kellan J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,012.71 | 2,664,415.49 |
| 2432 | PR | 1576862 | 09/19/23 | | 29306 | Edwards, David S. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,920.36 | 2,661,495.13 |
| 2432 | PR | 1576883 | 09/19/23 | | 29307 | Engel, Nicole - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,022.13 | 2,660,473.00 |
| 2432 | PR | 1576907 | 09/19/23 | | 29308 | Estrada, Emilio C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,527.48 | 2,658,945.52 |
| 2432 | PR | 1576928 | 09/19/23 | | 29309 | Fast, Teresa A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,189.53 | 2,657,755.99 |
| 2432 | PR | 1576950 | 09/19/23 | | 29310 | Feddema, John J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,124.02 | 2,653,631.97 |
| 2432 | PR | 1576979 | 09/19/23 | | 29311 | Ferris, Ryan M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,985.53 | 2,651,646.44 |
| 2432 | PR | 1577004 | 09/19/23 | | 29312 | Fields, Brody J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,432.88 | 2,648,213.56 |
| 2432 | PR | 1577037 | 09/19/23 | | 29313 | Fournier, Nick T. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,896.08 | 2,644,317.48 |
| 2432 | PR | 1577059 | 09/19/23 | | 29314 | Frazier, Antonio - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,771.75 | 2,641,545.73 |
| 2432 | PR | 1577080 | 09/19/23 | | 29315 | Freeman, Michael - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,680.29 | 2,639,865.44 |
| 2432 | PR | 1577097 | 09/19/23 | | 29316 | Freitag, Scott A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,411.38 | 2,635,454.06 |
| 2432 | PR | 1577122 | 09/19/23 | | 29317 | Gallman, Timothy B. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,873.63 | 2,633,580.43 |
| 2432 | PR | 1577147 | 09/19/23 | | 29318 | Gardea Chaparro, Ivonne - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,206.44 | 2,632,373.99 |
| 2432 | PR | 1577169 | 09/19/23 | | 29319 | Gentle, Isabel - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,116.72 | 2,631,257.27 |
| 2432 | PR | 1577196 | 09/19/23 | | 29320 | Gentle, Joshua A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,698.74 | 2,629,558.53 |
| 2432 | PR | 1577222 | 09/19/23 | | 29321 | Gillihan, Jim W. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,052.04 | 2,627,506.49 |
| 2432 | PR | 1577247 | 09/19/23 | | 29322 | Ginn, James E. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,515.38 | 2,624,991.11 |
| 2432 | PR | 1577271 | 09/19/23 | | 29323 | Goodman, Laurie K. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,764.42 | 2,623,226.69 |
| 2432 | PR | 1577304 | 09/19/23 | | 29324 | Gray, JT A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,742.05 | 2,621,484.64 |
| 2432 | PR | 1577331 | 09/19/23 | | 29325 | Guzzo, Nicholas R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,789.21 | 2,619,695.43 |
| 2432 | PR | 1577361 | 09/19/23 | | 29326 | Hall, Jace R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,968.40 | 2,616,727.03 |

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|------------------------|---------|---------|---|-----|----------|--|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2432 | PR | 1577390 | 09/19/23 | | 29327 | Hampton, Daniel A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | \$- | \$1,612.02 | \$2,615,115.01 |
| 2432 | PR | 1577416 | 09/19/23 | | 29328 | Harper, Leslie R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,065.59 | 2,612,049.42 |
| 2432 | PR | 1577439 | 09/19/23 | | 29329 | Hlavacek, Evan - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,316.00 | 2,609,733.42 |
| 2432 | PR | 1577465 | 09/19/23 | | 29330 | Horstman, Stephen W. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 5,306.24 | 2,604,427.18 |
| 2432 | PR | 1577487 | 09/19/23 | | 29331 | Huddleston, Michael B. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,696.63 | 2,601,730.55 |
| 2432 | PR | 1577512 | 09/19/23 | | 29332 | Hutchison, Ethan K. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,635.08 | 2,600,095.47 |
| 2432 | PR | 1577529 | 09/19/23 | | 29333 | Ingrao, Jory - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,168.42 | 2,595,927.05 |
| 2432 | PR | 1577560 | 09/19/23 | | 29334 | Isbell, Tienna B. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,185.51 | 2,593,741.54 |
| 2432 | PR | 1577588 | 09/19/23 | | 29335 | Jacobson, Terrence L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,315.48 | 2,590,426.06 |
| 2432 | PR | 1577615 | 09/19/23 | | 29336 | Jimenez, Valentin - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,961.27 | 2,588,464.79 |
| 2432 | PR | 1577637 | 09/19/23 | | 29337 | Johnson, Carrie A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,804.28 | 2,585,660.51 |
| 2432 | PR | 1577664 | 09/19/23 | | 29338 | Jones, Shaun D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,409.38 | 2,583,251.13 |
| 2432 | PR | 1577686 | 09/19/23 | | 29339 | Jordan, Tessa M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,012.32 | 2,582,238.81 |
| 2432 | PR | 1577713 | 09/19/23 | | 29340 | King, Jeremiah D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,609.54 | 2,578,629.27 |
| 2432 | PR | 1577741 | 09/19/23 | | 29341 | Kirk, Jaron J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,845.30 | 2,576,783.97 |
| 2432 | PR | 1577761 | 09/19/23 | | 29342 | Kohler, Travis W. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,258.44 | 2,574,525.53 |
| 2432 | PR | 1577788 | 09/19/23 | | 29343 | Kontz, Andrew M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,269.69 | 2,572,255.84 |
| 2432 | PR | 1577816 | 09/19/23 | | 29344 | Kontz, Michael V. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 5,554.14 | 2,566,701.70 |
| 2432 | PR | 1577836 | 09/19/23 | | 29345 | Krizo, Denise M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 987.10 | 2,565,714.60 |
| 2432 | PR | 1577862 | 09/19/23 | | 29346 | Kuykendall, Jeffery W. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,173.08 | 2,561,541.52 |
| 2432 | PR | 1577884 | 09/19/23 | | 29347 | Legge, David B. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,682.61 | 2,558,858.91 |
| 2432 | PR | 1577911 | 09/19/23 | | 29348 | Litchfield, Ronald K. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 5,081.84 | 2,553,777.07 |
| 2432 | PR | 1577934 | 09/19/23 | | 29349 | Lopeman, Keith A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,834.13 | 2,550,942.94 |
| 2432 | PR | 1577957 | 09/19/23 | | 29350 | Lopez, Nelson P. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,624.34 | 2,549,318.60 |
| 2432 | PR | 1577985 | 09/19/23 | | 29351 | Lund, Kyle L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,755.33 | 2,547,563.27 |

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|------------------------|---------|---------|---|-----|----------|---|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2432 | PR | 1578011 | 09/19/23 | | 29352 | Lynch, Peter J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | \$- | \$1,870.84 | \$2,545,692.43 |
| 2432 | PR | 1578040 | 09/19/23 | | 29353 | Lys, Damian P. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 5,454.82 | 2,540,237.61 |
| 2432 | PR | 1578062 | 09/19/23 | | 29354 | Madden, James P. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,207.61 | 2,539,030.00 |
| 2432 | PR | 1578083 | 09/19/23 | | 29355 | Mauldin, Karen S. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,016.25 | 2,536,013.75 |
| 2432 | PR | 1578109 | 09/19/23 | | 29356 | Mauldin, Mark E. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,119.82 | 2,531,893.93 |
| 2432 | PR | 1578128 | 09/19/23 | | 29357 | Mazon, Joshua M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,098.55 | 2,528,795.38 |
| 2432 | PR | 1578155 | 09/19/23 | | 29358 | McCarthy, Nicholas A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,493.39 | 2,527,301.99 |
| 2432 | PR | 1578181 | 09/19/23 | | 29359 | McCarty, Daniel L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,328.39 | 2,523,973.60 |
| 2432 | PR | 1578209 | 09/19/23 | | 29360 | McFadden, Matthew C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,533.28 | 2,522,440.32 |
| 2432 | PR | 1578238 | 09/19/23 | | 29361 | McFadden, Michael J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,459.44 | 2,519,980.88 |
| 2432 | PR | 1578265 | 09/19/23 | | 29362 | McIntire, Jacob V. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,674.27 | 2,518,306.61 |
| 2432 | PR | 1578288 | 09/19/23 | | 29363 | Merrill, Eric R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,677.61 | 2,515,629.00 |
| 2432 | PR | 1578318 | 09/19/23 | | 29364 | Moore, Aaron J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,958.60 | 2,512,670.40 |
| 2432 | PR | 1578345 | 09/19/23 | | 29365 | Moore, Ryan T. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,830.38 | 2,510,840.02 |
| 2432 | PR | 1578374 | 09/19/23 | | 29366 | Muniz, Thomas E. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,014.55 | 2,508,825.47 |
| 2432 | PR | 1578395 | 09/19/23 | | 29367 | Murphey, Patricia D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,202.91 | 2,505,622.56 |
| 2432 | PR | 1578426 | 09/19/23 | | 29368 | Nall, William T. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,003.44 | 2,503,619.12 |
| 2432 | PR | 1578451 | 09/19/23 | | 29369 | Nelson, Michael J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,723.08 | 2,501,896.04 |
| 2432 | PR | 1578481 | 09/19/23 | | 29370 | Niemynski, Doug T. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 7,628.30 | 2,494,267.74 |
| 2432 | PR | 1578507 | 09/19/23 | | 29371 | Nolan, Jason K. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,405.76 | 2,491,861.98 |
| 2432 | PR | 1578529 | 09/19/23 | | 29372 | O'Neil, Kevin T. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,893.90 | 2,489,968.08 |
| 2432 | PR | 1578561 | 09/19/23 | | 29373 | Olson, Rick C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,864.52 | 2,485,103.56 |
| 2432 | PR | 1578585 | 09/19/23 | | 29374 | Overmyer, Titus C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,590.56 | 2,483,513.00 |
| 2432 | PR | 1578605 | 09/19/23 | | 29375 | Parra, Dustin A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,035.23 | 2,480,477.77 |
| 2432 | PR | 1578624 | 09/19/23 | | 29376 | Peckham, Christopher D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,006.38 | 2,478,471.39 |

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|------------------------|---------|---------|---|-----|----------|---|--------|------------|----------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2432 | PR | 1578652 | 09/19/23 | | 29377 | Pena, Christopher D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | \$- | \$2,398.69 | \$2,476,072.70 |
| 2432 | PR | 1578684 | 09/19/23 | | 29378 | Perez, Anthony R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,584.40 | 2,473,488.30 |
| 2432 | PR | 1578712 | 09/19/23 | | 29379 | Perkins, Shane M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,922.35 | 2,471,565.95 |
| 2432 | PR | 1578737 | 09/19/23 | | 29380 | Poliakon, Brett M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,172.13 | 2,469,393.82 |
| 2432 | PR | 1578766 | 09/19/23 | | 29381 | Postula, Justin M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,876.16 | 2,465,517.66 |
| 2432 | PR | 1578793 | 09/19/23 | | 29382 | Postula, Karl A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,577.94 | 2,460,939.72 |
| 2432 | PR | 1578813 | 09/19/23 | | 29383 | Prange, Ross L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,298.54 | 2,457,641.18 |
| 2432 | PR | 1578842 | 09/19/23 | | 29384 | Pruitt, Robert E. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,267.82 | 2,454,373.36 |
| 2432 | PR | 1578868 | 09/19/23 | | 29385 | Rafters, William C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,278.14 | 2,452,095.22 |
| 2432 | PR | 1578892 | 09/19/23 | | 29386 | Redfern, Joshua L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,533.69 | 2,449,561.53 |
| 2432 | PR | 1578917 | 09/19/23 | | 29387 | Reeves, Katherine D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,276.62 | 2,448,284.91 |
| 2432 | PR | 1578944 | 09/19/23 | | 29388 | Rendl, Robert A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 8,753.96 | 2,439,530.95 |
| 2432 | PR | 1578970 | 09/19/23 | | 29389 | Reyes, Adam N. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,127.00 | 2,437,403.95 |
| 2432 | PR | 1578990 | 09/19/23 | | 29390 | Roberts, Jerry R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,832.87 | 2,434,571.08 |
| 2432 | PR | 1579018 | 09/19/23 | | 29391 | Rocha, Edgar O. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,433.48 | 2,433,137.60 |
| 2432 | PR | 1579047 | 09/19/23 | | 29392 | Roche, Benjamin H. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,401.58 | 2,429,736.02 |
| 2432 | PR | 1579070 | 09/19/23 | | 29393 | Rose, Cody S. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,596.69 | 2,426,139.33 |
| 2432 | PR | 1579105 | 09/19/23 | | 29394 | Runo, Kyle E. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,269.20 | 2,423,870.13 |
| 2432 | PR | 1579133 | 09/19/23 | | 29395 | Ryan, Keith M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,579.41 | 2,422,290.72 |
| 2432 | PR | 1579156 | 09/19/23 | | 29396 | Scaife, Domenic J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,425.56 | 2,417,865.16 |
| 2432 | PR | 1579180 | 09/19/23 | | 29397 | Schiffmacher, Gerald - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,907.93 | 2,415,957.23 |
| 2432 | PR | 1579202 | 09/19/23 | | 29398 | Schuster Jr., Alan J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,897.09 | 2,412,060.14 |
| 2432 | PR | 1579224 | 09/19/23 | | 29399 | Seets, James W. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,170.68 | 2,409,889.46 |
| 2432 | PR | 1579252 | 09/19/23 | | 29400 | Sheldon, Wesley K. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,871.88 | 2,407,017.58 |
| 2432 | PR | 1579273 | 09/19/23 | | 29401 | Sherman, Kylee N. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,006.23 | 2,406,011.35 |

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| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2432 | PR | 1579296 | 09/19/23 | | 29402 | Sims, Lacie J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | \$- | \$1,429.15 | \$2,404,582.20 |
| 2432 | PR | 1579324 | 09/19/23 | | 29403 | Smith, Jacob A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,004.80 | 2,403,577.40 |
| 2432 | PR | 1579353 | 09/19/23 | | 29404 | Smith, Russell - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,487.83 | 2,401,089.57 |
| 2432 | PR | 1579380 | 09/19/23 | | 29405 | Smith, Travis L. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,354.86 | 2,396,734.71 |
| 2432 | PR | 1579404 | 09/19/23 | | 29406 | Smith, Kristopher A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,580.10 | 2,395,154.61 |
| 2432 | PR | 1579430 | 09/19/23 | | 29407 | Snyder, Timothy E. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,399.90 | 2,391,754.71 |
| 2432 | PR | 1579453 | 09/19/23 | | 29408 | Stewart, Jeff - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,064.61 | 2,389,690.10 |
| 2432 | PR | 1579483 | 09/19/23 | | 29409 | Stooks, Wallace C. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,669.12 | 2,385,020.98 |
| 2432 | PR | 1579509 | 09/19/23 | | 29410 | Stretton, Garrett M. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,680.30 | 2,383,340.68 |
| 2432 | PR | 1579534 | 09/19/23 | | 29411 | Tharp, David S. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 28,548.14 | 2,354,792.54 |
| 2432 | PR | 1579560 | 09/19/23 | | 29412 | Thompson, Jacob S. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,488.07 | 2,352,304.47 |
| 2432 | PR | 1579590 | 09/19/23 | | 29413 | Tillich, Timothy A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 1,872.14 | 2,350,432.33 |
| 2432 | PR | 1579608 | 09/19/23 | | 29414 | Tirpak, Darrell J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,234.81 | 2,347,197.52 |
| 2432 | PR | 1579637 | 09/19/23 | | 29415 | Trask, Ryan A. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,616.76 | 2,342,580.76 |
| 2432 | PR | 1579664 | 09/19/23 | | 29416 | Trujillo, Erik J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,251.27 | 2,340,329.49 |
| 2432 | PR | 1579692 | 09/19/23 | | 29417 | Turner, Kenneth R. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,257.98 | 2,337,071.51 |
| 2432 | PR | 1579712 | 09/19/23 | | 29418 | VanTuyl, Jonah D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,015.86 | 2,334,055.65 |
| 2432 | PR | 1579743 | 09/19/23 | | 29419 | Vanatta, Justin B. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,106.42 | 2,330,949.23 |
| 2432 | PR | 1579772 | 09/19/23 | | 29420 | Wagner, Adam D. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 4,326.16 | 2,326,623.07 |
| 2432 | PR | 1579796 | 09/19/23 | | 29421 | Wittenberg, David J. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 2,604.68 | 2,324,018.39 |
| 2432 | PR | 1579823 | 09/19/23 | | 29422 | Zazueta, Robert P. - Payroll Bi-Weekly-Direct Deposit 9/19/2023 | - | 3,115.12 | 2,320,903.27 |
| 2450 | CR | 1588381 | 09/21/23 | | 0209776596 | COPPER CANYON FIRE & MEDICAL - | 6,138.05 | - | 2,327,041.32 |
| 2450 | CR | 1588384 | 09/21/23 | | 0948222 | AZ Dept of Forestry & Fire Mgt - | 20,143.06 | - | 2,347,184.38 |
| 2450 | CR | 1588380 | 09/21/23 | | 100235 | Priority Ambulance - | 31,363.99 | - | 2,378,548.37 |
| 2451 | CR | 1588451 | 09/21/23 | | 16407 | PLANS REVIEW - | 125.00 | - | 2,378,673.37 |
| 2451 | CR | 1588449 | 09/21/23 | | 16531 | PLANS REVIEW - | 125.00 | - | 2,378,798.37 |
| 2451 | CR | 1588454 | 09/21/23 | | 16536 | PLANS REVIEW - | 25.00 | - | 2,378,823.37 |
| 2451 | CR | 1588452 | 09/21/23 | | 16537 | PLANS REVIEW - | 196.00 | - | 2,379,019.37 |
| 2451 | CR | 1588453 | 09/21/23 | | 16538 | PLANS REVIEW - | 1,528.00 | - | 2,380,547.37 |

CAFMA-Central Arizona Fire and Medical
GL Account Ledger - Detail By Period
9/1/2023 through 9/30/2023

| Batch | Journal | Entry # | Date | Job | Document | Description | Debits | Credits | Balance |
|---|---------|---------|---|-----|-------------------|--------------------------------------|-----------------------|-----------------------|-----------------------|
| 10.1100.0.0.000 | | | CASH WITH YAVAPAI COUNTY (CONTINUED) | | | | | | |
| 2451 | CR | 1588450 | 09/21/23 | | 16540 | PLANS REVIEW - | \$125.00 | \$- | \$2,380,672.37 |
| 2451 | CR | 1588448 | 09/21/23 | | 3000000019 | PLANS REVIEW - | 508.00 | - | 2,381,180.37 |
| 2450 | CR | 1588382 | 09/21/23 | | 40433631 | Yavapai Community Health Svcs - | 5,184.00 | - | 2,386,364.37 |
| 2450 | CR | 1588383 | 09/21/23 | | 9029 | TAYLOR SHERI - | 318.78 | - | 2,386,683.15 |
| 2455 | CR | 1588545 | 09/21/23 | | 9182934551 | MISCELLANEOUS INCOME - | 38,800.00 | - | 2,425,483.15 |
| 2453 | CR | 1588474 | 09/26/23 | | 0510610564 | POLACEK, JEFF - | 1,609.25 | - | 2,427,092.40 |
| 2453 | CR | 1588475 | 09/26/23 | | 0510610576 | MOORE, SCOTT - | 14.68 | - | 2,427,107.08 |
| 2453 | CR | 1588478 | 09/26/23 | | 0952513 | AZ Dept of Forestry & Fire Mgt - | 162.21 | - | 2,427,269.29 |
| 2453 | CR | 1588477 | 09/26/23 | | 0953669 | AZ Dept of Forestry & Fire Mgt - | 53,498.21 | - | 2,480,767.50 |
| 2453 | CR | 1588468 | 09/26/23 | | 100388 | Priority Ambulance - | 20,181.04 | - | 2,500,948.54 |
| 2453 | CR | 1588476 | 09/26/23 | | 1059 | ACOSTA, DEBRA - | 84.59 | - | 2,501,033.13 |
| 2454 | CR | 1588542 | 09/26/23 | | 16532 | PLANS REVIEW - | 458.00 | - | 2,501,491.13 |
| 2454 | CR | 1588541 | 09/26/23 | | 16533 | PLANS REVIEW - | 125.00 | - | 2,501,616.13 |
| 2453 | CR | 1588467 | 09/26/23 | | 320828 | Town of Prescott Valley - | 2,347.78 | - | 2,503,963.91 |
| 2453 | CR | 1588469 | 09/26/23 | | 40433752 | YAVAPAI CO SHERIFF'S OFFICE - | 9,915.25 | - | 2,513,879.16 |
| 2453 | CR | 1588466 | 09/26/23 | | 531242 | CITY OF PRESCOTT FIRE DEPT. - | 1,066.65 | - | 2,514,945.81 |
| 2453 | CR | 1588470 | 09/26/23 | | 57800 | Brookins, Patty - | 250.00 | - | 2,515,195.81 |
| 2453 | CR | 1588471 | 09/26/23 | | 57800 | DeJoria, Dana - | 150.00 | - | 2,515,345.81 |
| 2453 | CR | 1588472 | 09/26/23 | | 57800 | Smith, Andrea - | 86.70 | - | 2,515,432.51 |
| 2453 | CR | 1588473 | 09/26/23 | | 57800 | Viscardi, Karen - | 150.50 | - | 2,515,583.01 |
| 2453 | CR | 1588464 | 09/26/23 | | 6380 | Findlay Toyota Center - | 1,293.00 | - | 2,516,876.01 |
| 2453 | CR | 1588465 | 09/26/23 | | 8300019194 | HELLS GATE FIRE DEPARTMENT - | 74.37 | - | 2,516,950.38 |
| 2452 | CR | 1588462 | 09/27/23 | | 16517 | PLANS REVIEW - | 125.00 | - | 2,517,075.38 |
| 2431 | GJ | 1571845 | 09/30/23 | | Cash With Yav Cty | Fire Authority Funding | 44,692.65 | - | 2,561,768.03 |
| 2438 | GJ | 1580465 | 09/30/23 | | Cash With Yav Cty | Stop Pmt on Nationwide Ck #510609587 | - | 688.63 | 2,561,079.40 |
| 2441 | GJ | 1580481 | 09/30/23 | | Cash With Yav Cty | USDA Forest Service Facility Use | 4,407.75 | - | 2,565,487.15 |
| 2460 | GJ | 1588884 | 09/30/23 | | Cash With Yav Cty | GF Interest Revenue - September 2023 | 45,570.44 | - | 2,611,057.59 |
| 2462 | GJ | 1588889 | 09/30/23 | | Cash With Yav Cty | COP Administrative Fee | - | 2,500.00 | 2,608,557.59 |
| CASH WITH YAVAPAI COUNTY TOTALS: | | | | | | | \$1,147,780.77 | \$2,121,649.53 | \$2,608,557.59 |
| TOTAL OF LEDGER: | | | | | | | \$1,147,780.77 | \$2,121,649.53 | \$2,608,557.59 |

CAFMA-Central Arizona Fire and Medical
GL Trial Balance Worksheet
For The Period of 9/1/2023 through 9/30/2023

| Account | Description | Balances | | | | Adjustments |
|-----------------|--------------------------|----------------|----------------|----------------|----------------|-------------|
| | | Beginning | Debits | Credits | Ending | |
| 10.1100.0.0.000 | Cash with Yavapai County | \$3,582,426.35 | \$1,147,780.77 | \$2,121,649.53 | \$2,608,557.59 | |
| TOTALS: | | \$3,582,426.35 | \$1,147,780.77 | \$2,121,649.53 | \$2,608,557.59 | |

* Inactive accounts are marked and appear in grey.

PSPRS Contingency Reserve Fund FY 23-24

[illegible]

SAMPLE

Central Arizona Fire and Medical Authority

FIRE PROTECTION SERVICES AGREEMENT

This Fire Protection Agreement is made effective _____, between the Central Arizona Fire and Medical Authority, a political subdivision of the State of Arizona, hereinafter referred to as "AGENCY" and _____, hereinafter referred to as the "Applicant." The property under consideration is described as:

Street Address:

Mailing Address:

Contact Phone Number:

Yavapai County Assessor's Parcel Number:

IT IS THEREFORE MUTUALLY UNDERSTOOD AND AGREED AS FOLLOWS:

1) Purpose. AGENCY shall provide fire protection and limited emergency medical services under the terms of this Agreement.

2) Duration and Renewal. The effective term of this Agreement shall be from _____ through **June 30, 2019**. The provisions of this Agreement shall renew automatically on July 1 of each year for consecutive one-year terms, unless either party pursues termination of the Agreement pursuant to Paragraph 11.

3) Services Provided. Fire Suppression, Emergency Rescue, and limited Emergency Medical Services (collectively "Emergency Services") will be provided under this Agreement. Unless the Incident Commander (senior AGENCY Officer present) requests additional help, AGENCY shall provide a standard response as determined by AGENCY dispatch protocols on each emergency call from the Applicant, subject to conditions below.

It is intended that the Emergency Services provided under this Agreement shall be made available to the individuals residing at the property described in the Preamble above (the "Property") or invitees of said residents (collectively, "Service Recipients") in conjunction with the above-referenced Property irrespective of whether the Property is owner-occupied or leased. While the Applicant shall be responsible for all fees assessed under this Agreement, AGENCY also reserves the right to invoice any actual Service Recipient for the services provided under this Agreement, according to the fee schedule adopted by AGENCY, as amended from time to time. Said billing shall be in addition to the service fee charged under this Agreement.

In providing services under this Agreement, AGENCY reserves the right to involve such other jurisdictions and EMS or suppression service providers as it deems necessary, consistent with its then current protocol. No assurances are made as to

whether, or to what extent, any such third party providers will respond. Applicant and Service Recipients may be responsible for any additional charges assessed by such other service providers.

Applicant herein acknowledges that AGENCY alone will determine its response to any given incident and that AGENCY alone will determine the number of units and personnel responding to such incident. Applicant further acknowledges that such response is subject to, among others and without limitation, any unforeseen circumstance, a major fire, other accidents, conflicting concurrent calls, reduction in force, road closure, poor road conditions, acts of God, or other situations in which there is a shortage of manpower or equipment. Applicant understands that the response time will likely be extended beyond that which might be regularly expected elsewhere within the jurisdictional boundaries of AGENCY by reason of the distance to and isolation of the Applicant's Property, the limited manpower available, access limitations, road conditions, and the other calls within AGENCY that may take priority, and Applicant hereby consents to the same. In addition, Applicant acknowledges and agrees that AGENCY's response and effectiveness may be limited by a lack of adequate water supply.

Applicant acknowledges and agrees that AGENCY may, in its sole discretion, give priority to other emergency calls either within AGENCY's jurisdictional boundaries or outside AGENCY boundaries, potentially causing a delay in response time. Further, Applicant acknowledges and agrees that AGENCY may, in conjunction with any call to the Property, respond with insufficient equipment or manpower on occasion, either by reason of limited manpower, equipment availability, resource allocation, or by reason of the limited information having been made available to AGENCY in conjunction with the determination of the appropriate response.

Applicant hereby acknowledges that no assurances are given or warranties made as to the response time or service level that will be offered, and agrees to hold the AGENCY harmless from and indemnify AGENCY for any and all damages which might be incurred by Applicant, Service Recipient, to Applicant's Property or to any third party's property or person, including that of any Service Recipient, by reason of extended response times, reduced equipment or manpower response, the decision to involve other service providers, failure to involve other jurisdictions or service providers, AGENCY's decision to allocate resources elsewhere either inside or outside of AGENCY's jurisdictional boundaries, the allocation of manpower or equipment, or other operational decisions which might result in delay or additional loss of life or property.

Further, Applicant acknowledges and agrees that AGENCY shall not be liable for the negligent act or omission of any third party service provider. Applicant also agrees that AGENCY is under no obligation to transport any Service Recipient. Applicant acknowledges that AGENCY does not hold a Certificate of Necessity and does NOT provide ambulance or non-emergency transport services, and that transport services are typically provided through a third party. Applicant, Service Recipient, or both, shall be solely responsible for any and all expenses associated with any transport services utilized by either.

4) Response Time. AGENCY shall make reasonable efforts to respond to Applicant's emergency calls in a manner consistent with then-current agency protocol, subject to the terms and conditions set forth in this Agreement. Applicant hereby acknowledges that response times are subject to variations due to existing weather conditions, road conditions, travel distance, traffic conditions, property identification, conflicting responses, equipment and manpower availability or allocation, and access to Applicant's Property. Applicant acknowledges that because of the substantial distance involved, the minimum response time likely to be experienced by Applicant may exceed that of other recipients within the jurisdictional boundaries of AGENCY, and that no assurances are given by the AGENCY as to what ISO rating might apply to the Applicant's Property.

5) Routing Information. Applicant agrees that it shall provide AGENCY with current routing information to Applicant's Property in a form acceptable to AGENCY Fire Chief, and will endeavor to inform all occupants of subject Property of the proper procedures to follow in case of fire.

6) Access. Applicant hereby specifically acknowledges that standard access roads sufficient to allow AGENCY fire equipment to reach the scenes of emergency calls are a significant factor in AGENCY's ability to respond to emergency calls within a reasonable and expeditious time. If access roadways are not maintained by other public service agencies, the responsibility of providing and maintaining adequate access rests solely with Applicant. Applicant hereby agrees to hold AGENCY harmless from and to fully indemnify AGENCY for any liability or damages arising from any delay which might occur by reason of limited, inadequate or poorly maintained access, inadequate address or access description, or failure of Applicant or the Property to comply with applicable fire codes, building codes, zoning codes or recommendations or requirements made by any agency or AGENCY.

Applicant hereby grants to AGENCY the right of ingress and egress and to enter upon Applicant's Property for purposes of conducting inspections to determine accessibility, and to observe any other matters which may affect AGENCY's ability to provide services under this Agreement. Nothing herein shall be construed as requiring AGENCY to make any such inspection, or to require that AGENCY report to the Property owner in regard to any accessibility issues.

7) Compensation; Calculation; Payment. As consideration for AGENCY's provision of Emergency Services under this Agreement, Applicant shall pay to AGENCY a sum (the "Service Fee") equal to the amount which would be paid if the Applicant's Property was located in and taxable by the respective fire district (either the Central Yavapai Fire District or the Chino Valley Fire District) which would otherwise contract to provide such services to Applicant at that fire district's then current tax rate, any applicable bond debt servicing rates, plus an administrative fee equal to \$50.00 as modified from time to time. The Service Fee shall be owed to AGENCY by Applicant even if there is no current county tax assessed on the Property: by reason of the fact that the property is considered to be non-taxable; because no net assessed value has

been established; or for any other reason. In that event, for the purpose of calculating the Service Fee to be paid by the Applicant, 10% of the full cash value as indicated by the county assessor's office may be used as the assessed value, or if the full cash value is not available, the value of the property shall be established by way of appraisal conducted by a duly-licensed real estate appraiser provided by and solely at the cost of Applicant.

If the property is appraised, the assessed value will be 10% of the appraisal. The then current fire district tax rate shall be applied to said property value, plus any then-applicable bond debt service rates and an administrative fee equal to \$50.00. If for some reason the current assessed value information is unavailable, then the Service Fee under this contract, as renewed, will be equal to the Service Fee charged for the immediately preceding service year, plus 10%, until such time as the current property value information becomes available, at which time the fee for the then-current year shall be recalculated and an adjustment to the Service Fee made.

Payment shall be due when this Agreement is signed; alternatively, payment arrangements may be approved in the sole discretion of AGENCY for quarterly payments with the first payment being due and payable simultaneous with the execution of this Agreement and thereafter on the first day of each subsequent quarter. Any payment not received within 30 days of the due date will be considered in default and may result in the termination of this Agreement. For the initial term of the Agreement, the parties agree that the fee shall be \$«F17», but that such fee may be prorated (based on 12 months).

In the event of termination of this Agreement due to non-payment by Applicant of the agreed Service Fee within 30 days of due date, Applicant must reapply for Emergency Services pursuant to a new Agreement. In such event, the only option for payment under such new Agreement shall be for payment of all monies due in full at the time of execution of the new Agreement; other payment arrangements will only be considered upon renewal of the Agreement after completion of the initial term of the new Agreement.

The Service Fee paid to AGENCY by Applicant pursuant to this Agreement shall be considered earned by AGENCY when paid, and shall not be conditioned upon or modified by reason of the number of responses made by AGENCY to the Applicant's property during the term of this Agreement. While Applicant shall be responsible for all Service Fees assessed under this Agreement, AGENCY also reserves the right to invoice any actual Service Recipients for the services provided under this Agreement according to the then-current fee schedule adopted by AGENCY, as amended from time to time. Said invoice shall be in addition to any Service Fee due under the terms of this Agreement.

8) Insurance. Applicant shall provide AGENCY with a current certificate of liability and hazard insurance, together with the name and address of insurance agent, name of insurance company providing coverage, and insurance policy number.

9) Waiver and Disclaimer of Liability. Applicant agrees that AGENCY shall not be liable for any consequential damages to Applicant or any Service Recipient, including but not limited to any lost income or profits suffered by Applicant or any Service Recipient. In consideration of AGENCY's agreement to provide services under the terms of this Agreement, Applicant agrees to hold AGENCY harmless and hereby releases AGENCY from and indemnifies AGENCY for any and all claims, demands, liability and causes of action that may arise as a result of AGENCY providing the services described herein. Applicant specifically agrees to hold AGENCY harmless from, in addition to the foregoing, any claims, demands, liability or causes of action which might arise out of AGENCY's inability to provide, or any delay or limits in providing services, due in whole or in part to the conditions spelled out in Sections 3, 4, 5, and 6 of this Agreement.

10) No Third-Party Beneficiaries. This Agreement will be for the benefit of the parties named herein only and shall not be construed as having been entered into for the benefit of any third party.

11) No Warranties. Nothing herein shall be construed as a warranty by AGENCY against damages, whether to real property or personal property, which may result by way of fire, injury to a person, by accident or any other emergency occurring on Applicant's Property.

12) Limitation of Damages. In the event of breach or non-performance by AGENCY, Applicant's sole remedy shall be limited to the termination of this Agreement and refund of any unearned fees for that current contract year, the parties hereto having agreed that said fees are a reasonable amount of damages. This limitation of damages shall bind, without limitation, Service Recipients, family members, legal representatives, assigns and successors in interest of the Applicant. The waiver, hold harmless and indemnification provisions of this Agreement are for the benefit of AGENCY and shall survive the termination of this Agreement.

13) Termination. Either party may terminate this Agreement by thirty (30) days' written notice of termination delivered to the other party at these addresses:

For AGENCY:

Central Arizona Fire and Medical Authority
8603 E. Eastridge Drive
Prescott Valley, AZ 86314

For Applicant:

In the event of termination of this Agreement after the Applicant has paid the required payment due for that term, AGENCY shall return funds to the Applicant prorated on a per day basis for the period after the date of termination.

In the event Applicant sells the subject property or otherwise disposes of the same, this Agreement will terminate immediately upon notification from the Applicant of same; provided, however, that the indemnification requirements imposed on Applicant under this Agreement for incidents occurring during the term of this Agreement shall survive the termination hereof. Nothing herein shall prevent AGENCY from negotiating a new emergency services Agreement with the new owner of the subject property.

14) Cancellation Due to Conflict. AGENCY may cancel this Agreement pursuant to the mandates of A.R.S. §38-511.

15) Severability. If any provision of this Agreement shall be held to be unconstitutional, invalid, or unenforceable, it shall be deemed severable; however, the remainder of the Agreement shall not be affected and shall remain in full force and effect.

16) Fire Code Compliance. Applicant hereby specifically acknowledges that all operations and activities, as well as new construction, and remodel of structures when applicable, will be in compliance with AGENCY's adopted Fire Code.

The undersigned warrants to AGENCY that the Applicant has the power to enter into this Agreement and that all necessary acts have been taken to enter into this Agreement.

APPLICANT

By _____
Date

By _____
Date

CENTRAL ARIZONA FIRE & MEDICAL
AUTHORITY

Board Chair Date

ATTEST:

Board Clerk Date

Community Health Needs Assessment 2019



YAVAPAI REGIONAL
MEDICAL CENTER

Proudly Caring for Western Yavapai County

BKD
CPAs & Advisors

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Consultants' Report

Ms. Robbie Nicol
Executive Director
Yavapai Community Hospital Association

On behalf of Yavapai Regional Medical Center (Medical Center), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated August 20, 2018. The purpose of our engagement was to assist the Medical Center in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Medical Center, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Medical Center is in compliance with the provisions of §501(r)(3). Please note that, we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Medical Center, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

December 17, 2019

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a Community Health Needs Assessment every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the Community Health Needs Assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The Community Health Needs Assessment must take into account input from persons who represent the broad interest of the community served by the medical center, including those with special knowledge of or expertise in public health. The Medical Center must make the Community Health Needs Assessment widely available to the public.

This Community Health Needs Assessment, which describes both a process and a document, is intended to document Yavapai Regional Medical Center's (Medical Center) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The process involved:

- ✓ An evaluation of the implementation strategy for the previous needs assessment which was adopted by the Medical Center Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics and health care resources.
- ✓ Obtaining community input through:
 - Interviews with key informants who represent a) persons with specialized knowledge in public health, b) populations in need or c) broad interest of the community.

This document is a summary of all the available evidence collected during the Community Health Needs Assessment conducted in tax year 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the Community Health Needs Assessment is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal laws outlined above.

The Medical Center engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The Community Health Needs Assessment was conducted during 2019.

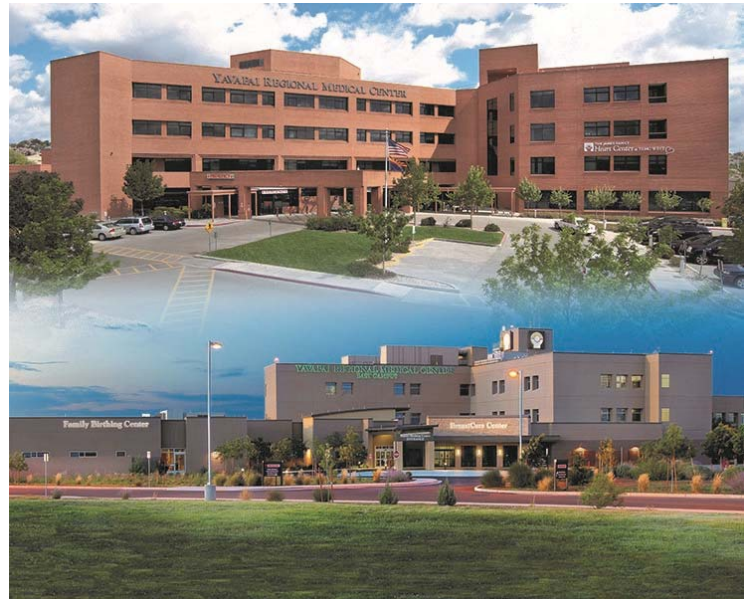
Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Medical Center's community health needs assessment:

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2016 Community Health Needs Assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Medical Center's current strategies and programs.
- ✓ The "community" served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Medical Center.
- ✓ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- ✓ Community input was provided through key stakeholder interviews of 61 stakeholders. Results and findings are described in the Key Stakeholder section of this report.
- ✓ Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem (how many people are affected by the issue), 2) the seriousness of the problem (what are the consequences of not addressing the issue), 3) the impact on vulnerable populations and 4) the prevalence of common themes.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of Medical Center

Yavapai Regional Medical Center is a locally owned and operated, not-for-profit healthcare provider located in Yavapai County, Arizona. YRMC has two main campuses, YRMC West (located in Prescott, Arizona) and YRMC East (located in Prescott Valley, Arizona). YRMC West, the original campus, has 134 inpatient beds, and YRMC East, which opened on May 15, 2006, has 72 inpatient beds. These two campuses house the James Family Heart Center, The Breast Care Center and the Family Birthing Center. Additionally, YRMC has an outpatient clinic, wellness centers and physician clinics located throughout Yavapai County.



This CHNA is prepared from an integrated health care system perspective and the two licensed hospital facilities described above are collaborating on this CHNA to identify community needs and allocate resources most effectively.

Mission Statement

To provide comprehensive, high-quality healthcare consistent with our communities' needs.

Vision Statement

Creating a Total Healing Environment—an environment in which the people of YRMC work in partnership with patients and their families to provide peace of mind and peace of heart, as well as physical cure and comfort, because we understand the indivisible relationship that exists between body, mind and the human spirit.

Values

RESPECT – behaving in a way that honors self and others

INTEGRITY – being consistent and honest in word and deed

QUALITY – providing service excellence in meeting others' expectations

COMMITMENT – demonstrating dedication to one's work, personal development, the organization and our Mission and Vision

ACCOUNTABILITY – following through and being answerable for one's performance

Evaluation of Prior Implementation Strategy

Yavapai Regional Medical Center (YRMC) includes two hospital campuses located in the adjacent towns of Prescott and Prescott Valley, Arizona. The hospital facilities are approximately 12 miles from one another and both hospitals provide care for the same service area which covers 5,500 square miles. In part, the reason the East Campus was built in Prescott Valley in 2006 was due to the fact that the West Campus in Prescott was over capacity and serving a rapidly growing community. The two hospital campuses file a joint IRS 990 return.

In addition to the inpatient care facilities, YRMC also has more than 15 physician clinics that provide primary and specialty care. Those clinics are located in Prescott, Prescott Valley and Chino Valley. Clinics are expanding on an ongoing basis and will continue to do so. YRMC also has outpatient imaging services located in Prescott and in Prescott Valley.

The governance for the two campuses and outpatient facilities involves one single Senior Management Team for both hospitals. There is also a single operating Board for both campuses. The hospital Board and Senior Management Team have responsibility for both campuses. The Community Benefit function for YRMC is also a single department function that covers both campuses and the surrounding service area.

In 2012, YRMC initiated an engagement with Dixon Hughes Goodman LLP (DHG) to conduct the previous Community Health Needs Assessment (CHNA) which was completed in 2013. In 2016, YRMC sought assistance from **BKD, LLP** to conduct an updated CHNA.

The CHNA and this Implementation Plan were developed to understand and address community health needs as appropriate for YRMC's Mission and resources. The CHNA is a companion document to the Implementation Plan and includes in-depth information regarding needs of people living in YRMC's service area. The CHNA covers findings from extensive secondary research as well as primary research and electronic surveys. Also included were individual interviews with the Yavapai Prescott Indian Tribe, the Yavapai County Community Health Services (YCCHS) and the West Yavapai Guidance Clinic (WYGC).

The CHNA identified the top twelve needs in our region and YRMC has selected the top five of those needs to address in the next three years. Some of the health needs that were identified were outside the realm of YRMC's expertise and resources. For example, Transportation is a prominent theme in community needs. However, YRMC is best suited to focus on direct health needs such as addressing the need for primary care physicians and helping people choose healthy behaviors and positive lifestyle changes.

YRMC has a critical role in providing health care services for its community. The work outlined in the Implementation Plan is focused on the health needs identified in the CHNA. However, there are numerous other essential health programs provided by YRMC that will continue for the underserved outside the purview of this Implementation Plan.

2016 Community Health Needs Assessment Summary

YRMC's 2016 Community Health Needs Assessment was conducted between January and September 2016 with the assistance of **BKD, LLP**. Multiple sources were explored to gain the best possible knowledge of the health needs of YRMC's service area.

Definition of the Community Served:

YRMC's service area is composed of 5,500 square miles in western Yavapai County. The majority of the population is centered in Prescott, Prescott Valley, Chino Valley and the Dewey/Humboldt area. There are also a number of people living in much more sparsely populated areas surrounding these towns. By virtue of the distance involved in covering our service area, transportation can be a challenge for those who do not have ready access to their own personal vehicle. While there are several agencies working on the issue of transportation, it has been a frequent theme when discussing needs.

YRMC's service area demographics include a predominant retirement community. In fact, more than 26 percent of Prescott's population is composed of people over the age of 65. The surrounding areas are also filled with retirees but with a greater mix of younger families. The local economy is heavily dependent on the service industry: tourism, retail, food service and hotels, etc. This often translates into challenges for professionals to find good paying jobs in their choice of careers. The local service-based economy also means there is a predominance of minimum wage earners in non-benefited work which contributes to an underserved population due to financial limitations.

The 2016 CHNA identified twelve significant health needs in the community. Those needs are listed below in decreasing order of the intensity of the need as indicated from secondary and primary research.

1. Lack of Primary Care Physicians

The national primary care physician (PCP) shortage is especially pronounced in YRMC's service area. If a physician's spouse wishes to be employed, this can be a challenge given the local economy and industry base. Another element that exacerbates the need for PCPs is the fact that the local population is skewed towards more seniors and this is the segment that requires more frequent physician encounters.

2. Healthy Behaviors/Lifestyle Changes

Although YRMC has provided a wide range of health education programs for decades, there is more work to be done. The underserved are often working several jobs and may have children to support, leaving little time to make healthy choices in food preparation and exercise as examples. A lack of focus on leading a healthy lifestyle can also be a learned behavior or it can be the result of other more pressing priorities for an individual or families.

3. Lack of Health Knowledge

Health literacy is a national issue and it also affects our local population. The rapidly changing world of health and healthcare engenders a plethora of new terminology that can be confusing. The complexity of healthcare also contributes to the confusion. Patients may be puzzled about the medications they're taking or be confused and uncertain about how to take them. People are often unaware of their own physiology which is a reflection on the decreased emphasis on the importance and funding of overall education. Arizona ranks 49th in the nation in funding for education so this is most likely a contributing factor to the low level of health knowledge in our region.

4. Physical Inactivity

This region and its moderate climate lend themselves to enjoying the outdoors. However, if people are trying to make ends meet and hold down several jobs as well as taking care of family, physical exercise can slip down their list of priorities. Another issue is the frail elderly who are limited in their ability to move and exercise. And it can sometimes be human nature to leave daily exercise out of one's schedule.

5. Lack of Mental Health Providers

Compared to the rest of the nation, Arizona ranks at the very bottom in terms of funding for mental health services. One of the results of this underfunding is a demand for care that far exceeds our community's capacity. The local providers that do provide services do their best to meet needs. However, the needs are far greater than the resources available to meet them. One of the fallouts from this situation is that YRMC's Emergency Departments become a holding space for mentally ill patients until a suitable care facility is located and accepts the patient. YRMC has had emergency mental health patients ranging in age from seven years to more than 90 years old. Some patients have had to wait in the Emergency Department for as many as 10 or 12 days before placement can be arranged. It is not unusual for these patients to ultimately be placed in communities as far away as Las Vegas, Nevada or Albuquerque, New Mexico. This is far from ideal for the mental health patient or for YRMC's medical patients who need care.

6. High Cost of Health Care

The high cost of healthcare is a national problem and affects YRMC's service area as well. Healthcare costs include pharmaceutical costs, insurance costs, the cost of extended care, hospital costs, etc. This is a very complex issue that has evolved over the decades and involves far more than the hospital industry itself. While YRMC is not in a position to fully address the high cost of health care, this organization is very proud of the many ways it provides care for the underserved. YRMC provides many services at no cost to the recipient or services may be provided at a financial loss, underlining YRMC's commitment to the community.

7. Poverty/Children in Poverty/Lack of Financial Resources

As is true in many communities across the country, there are major discrepancies in the financial status of people living in the YRMC service area. Many people come to this region with plentiful resources while others struggle to find food to eat and to pay for housing. This diversity in financial status of YRMC patients is a major consideration in YRMC's Patient Assistance Program, enabling people to receive care no matter their ability to pay.

8. Transportation, especially in Rural Areas

Because of the vast area of ranchland and undeveloped space, there are some areas in the greater community that are as many as 30 miles from any basic services. Coupled with the divergent income levels that can add more challenges to transportation, there are some portions of YRMC's service area that are less accessible than others. This is a challenge for people who need to buy groceries, find employment, see a doctor, go to school, etc. There are several local agencies working to address this issue.

9. Uninsured

With the implementation of the *Affordable Care Act*, there has been some movement on the scale of uninsured numbers. However, many of the insurance policies that are affordable have extremely high deductibles which put families at risk. YRMC has hosted several seminars to help people sign up for insurance, whether it is private insurance or Arizona Health Care Cost Containment System (AHCCCS), Arizona's brand of Medicaid. But the uninsured and underinsured continue to receive care at YRMC.

10. Aging Population

As has been mentioned previously, the Prescott community has a larger percentage of people over the age of 65 than the rest of Arizona and the nation. With the graying of America, Prescott is a peek into the future of our country. Many of the retirees moving to the Prescott area are vital and active. However, there are some retirees who have lived here for many years and who face challenges of aging, failing health and lack of family support nearby. YRMC cares for all people from our service area and we see a predominance of people over the age of 65, especially since that age range typically is in greater need of health care services.

11. Limited Access to Healthy Foods

The sheer size of this region and its wide open spaces create food deserts, areas where there are no grocery stores available. This is especially true in the periphery of our service area. One community only has a Circle K store for food. Other smaller communities have no food sources at all because they lack the population density to support a grocery store.

12. Adult Obesity

This issue can certainly be attributed to three of the items listed above: Healthy Behaviors, Physical Inactivity and Limited Access to Healthy Foods. YRMC offers outstanding exercise programs for people of all ages and also provides top-notch food preparation and cooking classes, "Your Healthy Kitchen." Obesity can be another complex challenge that is generated from a variety of challenges people may face.

Significant Health Needs YRMC Will Address

The implementation strategy outlines the top community health needs described in the 2016 CHNA that YRMC plans to address in whole or in part. YRMC has selected the top five priorities of the 12 health needs that were identified in the CHNA. The selection was based on priority ranking as well as resource availability and appropriateness to YRMC's areas of expertise. This implementation strategy may be modified as conditions change and as appropriate over the course of the next three years.

For each health need that YRMC plans to address, the strategy describes:

- Actions YRMC intends to take, including programs and resources it plans to commit
- Anticipated impact of these actions
- Planned collaboration between YRMC and other organizations

1. Lack of Primary Care Physicians

The 2013 CHNA identified a need for specialists as well as primary care. Since that time, extraordinary efforts have been successful in recruiting physicians and now we have filled many specialties for our community. We still see a need for primary care and plan to address this need accordingly. It is anticipated that more primary care providers will be available for our community.

- YRMC recently hired a physician recruiter and one of her priorities will be to seek and recruit primary care providers.
- YRMC will use advanced practice providers (Nurse Practitioners and Physician Assistants) to augment the need for primary care.
- Needs for suitable office space to accommodate additional physicians will be met based primarily on YRMC's Master Facilities Plan and taking advantage of space in our communities that may become available.
- Explore feasibility of options such as walk-in clinic, satellite offices and extended hours for YRMC PC, etc.
- In collaboration with local schools, YRMC will continue to provide free primary care to uninsured and underinsured school children and their younger siblings through the Partners for Healthy Students program, staffed by Nurse Practitioners and led by a Medical Director.
- YRMC will explore with the Yavapai County Community Health Services the feasibility of providing public health nurses in easily accessible facilities such as the local libraries.
- YRMC will continue to collaborate with the Arizona Sonshine organization that provides free healthcare in our region for several days annually to help meet the needs of the underserved.

Accomplishments

- YRMC has increased the Medical Staff membership from 219 to 443 which includes primary care physicians, specialists, nurse practitioners and physician assistants.
- Physician office space was expanded in Prescott Valley, Prescott and also Chino Valley to accommodate growing needs.
- YRMC continues to operate the Partners for Healthy Students program offering free primary care to uninsured/underinsured school children and their younger siblings. YRMC is especially proud to add behavioral health care to the array of free services in August 2019 due to generous community support.
- YRMC has continued to help support Arizona Sonshine in its efforts to provide free healthcare for our community.

2. Healthy Behaviors/Lifestyle Changes

YRMC has successfully provided wellness and health promotion programs for decades. These popular programs will provide the foundation for community outreach in the area of healthy behaviors and lifestyles. We anticipate an increase in the number of community members who actively make healthier choices.

- Social media will continue to expand to help meet information needs surrounding good health choices
- Continue Pendleton Centers' programs on the West Campus and the East Campus that adapt exercise suitable for the age and physical condition of individual participants, e.g., chair exercises for those with limited physical capacity
- Explore collaborating with the Yavapai County Community Health Services and the local schools for in-school programs to promote healthy behaviors and educate children on the importance of maintaining their health
- Explore collaborating with local churches/synagogues for opportunities to provide wellness programs for their congregations
- In collaboration with subject matter experts, continue the utilization of the widely popular YRMC Speakers Bureau to include the topic of healthy behaviors

Accomplishments

- YRMC's social media efforts have proven very successful with nearly 60,000 connections via its blog, HealthConnect. YRMC's Facebook community has more than 2,000,000 connections and YRMC Twitter has more than 52,000 connections.
- Pendleton Center programs continue to serve their participants with a variety of exercise and wellness activities.
- YRMC provides all local schools with GoNoodle Student Fitness program that had nearly 4,000 student participants. YRMC also hosted more than 1,000 school children at the 2019 Health Expo that included exhibits by 72 local health-related organizations and 36 YRMC departments/services. There were also giant inflatable walk-through body parts that were enjoyed by children and adults alike.
- YRMC's Speakers Bureau continues to be in huge demand by offering skilled speakers that cover 140 various topics. Nearly 200 presentations are provided to the community annually.

3. Lack of Health Knowledge

Health literacy is defined as a person's ability to read, understand, evaluate and act upon health information. Low health literacy is linked to poorer health status and more emergency room visits and hospitalizations. An estimated 75 million English-speaking adults in the United States have limited health literacy, making it difficult for them to understand and use basic health information. (Source: Agency for Healthcare Research and Quality). YRMC's efforts are expected to improve health literacy in our community.

- YRMC will continue to use social media and other electronic methods of reaching out to the community and educating people about health and health care
- YRMC will continue to provide "Healthwise Handbooks" and "Healthwise for Those Fifty and Better" to help provide sound health information regularly vetted by a medical board for community residents of all ages. Challenges as of 2019: Unfortunately, budget constraints have made it impossible for YRMC to continue providing the Healthwise Handbooks and the Healthwise for Those Fifty and Better books.
- Explore utilizing the YRMC Speakers Bureau for providing health information for the community
- Explore other health literacy programs nationwide and, if feasible, adapt one or more of these programs to the YRMC market
- Explore the potential for off-the-shelf materials that could be purchased to assist with improving health literacy. Challenges as of 2019: Unfortunately, budget constraints have limited the amount of off-the-shelf material YRMC has been able to provide but we have a few flyers for general topics. We had a robust selection of health guides but that is limited now.

Accomplishments

- Social media has been an excellent tool for helping increase health literacy and its popularity is apparent in the numbers cited above.
- Speakers Bureau is very popular and those numbers are cited above.

4. Physical Inactivity

Cardiovascular disease is the leading cause of death in the U.S. (Source: American Family Physician, 2016). Thirty-five percent of cardiovascular disease is due to physical inactivity. Approximately 60 percent of Americans 18 years and older report physical inactivity. The American Heart Association recommends 30 – 60 minutes of aerobic exercise three to four times a week. As mentioned in the introductory portion of this implementation plan and strategy, our local demographics and economic realities pose some interesting challenges in helping our community recognize the issue and, most importantly, make efforts to improve their activity levels. However, we anticipate an improvement in levels of physical activity as a result of this Implementation Plan.

- Collaborate with the Yavapai County Community Health Services and YRMC's own Employee Health Program, if appropriate, to create more education about the importance of physical activity.
- Collaborate with local schools (many of whom no longer offer free physical education classes or sports opportunities) to include program ideas for brief physical activity within the classroom throughout the day as breaks for children.
- Explore potential of bringing the school-based activity ideas home with children for the rest of their family to participate.
- Explore YRMC sponsored hikes/walks for the community and promote them accordingly.
- Educate the community about the health benefits of domestic activities such as gardening, etc.
- Explore further collaboration with groups such as Silver Sneakers for the Pendleton Centers for Health and Wellness and promote such programs and their benefits.
- Explore the value of participants from the Pendleton Programs to provide testimonials on social media and other outlets regarding how staying physically active has improved their lives.

Accomplishments

- YRMC participates regularly in the Community Health Improvement Partnership sponsored by Yavapai County Community Health Services.
- YRMC provides GoNoodle physical activity program for local schools which is especially important now that many reductions have been made in school budgets that have negatively impacted the availability of sports and physical education programs.
- Testimonials on social media have been very well-received for Pendleton Programs as well as other YRMC services.

5. Lack of Mental Health Providers

YRMC has worked closely with local mental health providers, especially the West Yavapai Guidance Clinic (WYGC), a non-profit organization that has been providing mental health care for many years. WYGC regularly comes to assess patients in YRMC's Emergency Departments to determine mental health status. Because of the proliferation of mental health and substance abuse problems in our community, YRMC also collaborates closely with local law enforcement agencies. Many patients are brought into the Emergency Departments by law enforcement, especially those exhibiting combative, violent behavior and/or those who are homeless or otherwise without family support.

- Continue collaborating with WYGC in community presentations to help educate the public about mental health and the fact that it doesn't deserve to be stigmatized
- Continue collaboration with WYGC in creation of new programs for mental health topics
- Continue support of WYGC with financial assistance for the planned Triage Crisis Center being developed
- Evaluate other partnership opportunities with WYGC as they become available
- Explore with local law enforcement and mental health providers for possible alternatives to YRMC's EDs as a "holding" resource when no medical need is apparent
- Explore with the Yavapai County Community Health Services regarding mental health service potential from their areas of expertise

Accomplishments

- YRMC purchases Naloxone for local law enforcement agencies.
- We have collaborated with local agencies in community presentations regarding mental health.
- YRMC provided some financial support for the Crisis Stabilization Unit (CSU) at the West Yavapai Guidance Clinic. The CSU has had a very positive impact on reducing ER visits by people in crisis and that saves YRMC money.
- YRMC's Partners for Healthy Students collaborated with local behavioral health resources to provide free mental health services for children in need thanks to very generous community support that makes this possible.
- YRMC is exploring further collaboration with local behavioral health resources to enable greater accessibility to these services for our community. These collaborative efforts would also save YRMC money.

Summary of 2019 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the Community Health Needs Assessment conducted by the Medical Center. These needs have been prioritized based on information gathered through the Community Health Needs Assessment.

Identified Community Health Needs

- ✓ Healthy Behaviors/Lifestyle Changes
- ✓ Lack of Primary Care Physicians
- ✓ Transportation, Especially in Rural Areas
- ✓ Aging Population
- ✓ Lack of Health Knowledge
- ✓ Physical Inactivity
- ✓ High Cost of Health Care
- ✓ Lack of Mental Health Providers
- ✓ Poverty/Children in Poverty/Lack of Financial Resources
- ✓ Uninsured

These identified community health needs are discussed in greater detail later in this report.

Community Served by the Medical Center

YRMC's two medical centers are located in western Yavapai County. As a regional medical center facility, the Medical Center serves residents in and around Yavapai County.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing the Medical Center services reside. While the CHNA considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of services provides the clearest definition of the community.

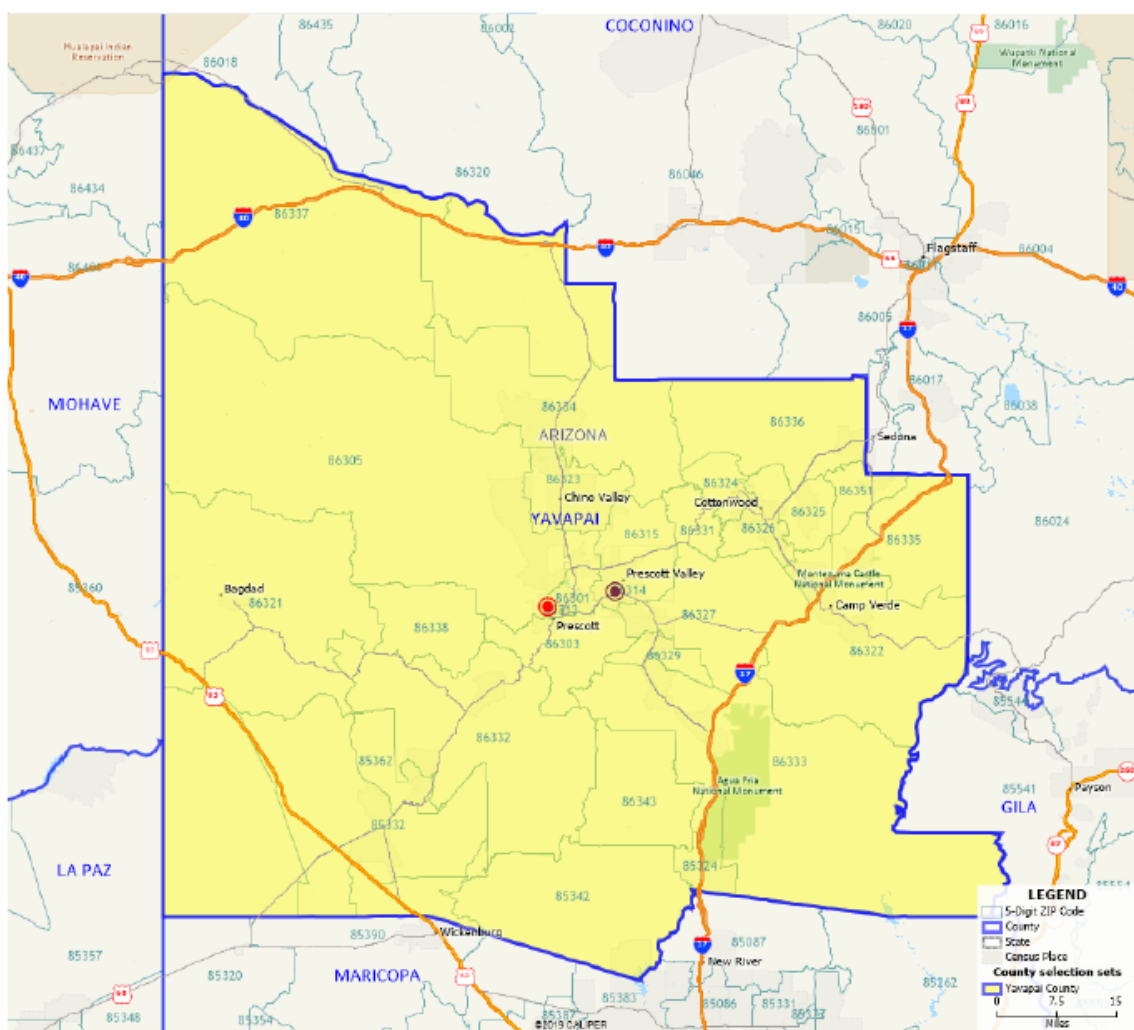
According to Health Dimensions Group 2019 *Market Snapshot Analysis Report*, a review of Medicare claims data from January to September 2018 indicated 92.7 percent of YRMC's Medicare Fee-for-Service (MMFS) inpatients originated from Yavapai County. Based on the patient origin of acute care inpatient discharges, management has identified Yavapai County as the defined CHNA community. The CHNA will utilize data and input from this county, as well as the top five cities within Yavapai County, to analyze health needs for the community.

Community Details

Identification and Description of Geographical Community

The geographic area of the defined community, based on the identified zip codes, includes Yavapai County. The following map geographically illustrates the Medical Center's community. As shown on *Figure 1*, YRMC's hospital facilities are centrally located in western Yavapai County. YRMC-East is represented with a maroon target symbol and YRMC-West is represented with a red target symbol. The map below displays the Medical Center's geographic relationship to the community, as well as significant roads and highways.

**Figure 1: Yavapai County
Yavapai Regional Medical Center's Primary Market Area**



Source: Caliper's Maptitude 2019 and Health Dimensions Group analysis

Community Population and Demographics

The U.S. Bureau of Census compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between male and female population, age distribution and race/ethnicity.

| Exhibit 2 | | | | | | |
|---|----------------|---------------|-----------------------------|---------------|--------------------|---------------|
| Demographic Snapshot | | | | | | |
| Yavapai Regional Medical Center | | | | | | |
| DEMOGRAPHIC CHARACTERISTICS (as of 2016) | | | | | | |
| Total Population | | | Population by Gender | | | |
| County | Population | | County | Male | Female | |
| Yavapai County | 228,168 | | Yavapai County | 111,901 | 116,267 | |
| Arizona | 7,016,270 | | Arizona | 3,487,722 | 3,528,548 | |
| United States | 325,719,178 | | United States | 160,402,504 | 165,316,674 | |
| Age Distribution | | | | | | |
| Age Group | Yavapai County | % of Total | Arizona | % of Total | United States | % of Total |
| 0 - 4 | 9,202 | 4.0% | 435,041 | 6.2% | 19,795,159 | 6.1% |
| 5 - 19 | 33,185 | 14.5% | 1,394,415 | 19.9% | 62,723,881 | 19.3% |
| 20 - 24 | 9,852 | 4.3% | 475,452 | 6.8% | 21,950,055 | 6.7% |
| 25 - 34 | 21,016 | 9.2% | 953,327 | 13.6% | 44,965,735 | 13.8% |
| 35 - 44 | 20,243 | 8.9% | 859,457 | 12.2% | 41,117,905 | 12.6% |
| 45 - 54 | 24,557 | 10.8% | 850,441 | 12.1% | 42,330,955 | 13.0% |
| 55 - 64 | 39,835 | 17.5% | 847,287 | 12.1% | 42,019,776 | 12.9% |
| 65+ | 70,278 | 30.8% | 1,200,850 | 17.1% | 50,815,712 | 15.6% |
| Total | 228,168 | 100.0% | 7,016,270 | 100.0% | 325,719,178 | 100.0% |
| County | White | Black | Asian | All Other | Total Non-Hispanic | Hispanic |
| Yavapai County | 183,748 | 1,314 | 2,666 | 7,268 | 194,996 | 33,172 |
| Percentage | 80.53% | 0.58% | 1.17% | 3.19% | 85.46% | 14.54% |
| Arizona | 3,836,639 | 290,379 | 225,810 | 461,269 | 4,814,097 | 2,202,173 |
| Percentage | 54.68% | 4.14% | 3.22% | 6.57% | 68.61% | 31.39% |
| United States | 197,285,202 | 40,129,593 | 17,999,846 | 11,458,403 | 266,873,044 | 58,846,134 |
| % of Community | 60.57% | 12.32% | 5.53% | 3.52% | 81.93% | 18.07% |

Source: US Census Bureau, American Community Survey. 2017.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories of race such as: white, black, Asian, other and multiple races. White non-Hispanics make up nearly 80.53 percent of the community.

Another significant population within Yavapai County is the Native American population. There are three primary groups of the Yavapai Native American tribe, two of which are located within Yavapai County.

The community is also comprised of a higher percentage of seniors compared to the state and national percentages. The percentage of persons 65 years of age and older in Yavapai County is nearly twice that of Arizona and the United States. The percentage of persons aged 55–64 is significantly higher than state and national percentages as well.

Table 1 below, compiled as part of a *Market Snapshot Analysis Report* completed by Health Dimensions Group in 2019, presents population data and trends for Yavapai County. The table indicates that the total population of Yavapai County is projected to increase by 6 percent from 2019 to 2024. The projected increases for the elderly population, 65+ years, 75+ years and 85+ years, are among the highest projected increases for the time period when looking at all age groups.

**Table 1: Yavapai County
Elderly Population by Age Cohort – 2010, 2019, and 2024**

| Age Cohort | 2010 Actual | 2019 Estimate | Percent Change 2010–2019 | 2024 Projection | Percent Change 2019–2024 |
|--------------|----------------|----------------|--------------------------|-----------------|--------------------------|
| 0–4 Years | 10,468 | 10,023 | -4.3% | 10,754 | 7.3% |
| 5–9 Years | 10,915 | 10,319 | -5.5% | 10,636 | 3.1% |
| 10–14 Years | 11,743 | 10,980 | -6.5% | 10,994 | 0.1% |
| 15–17 Years | 7,143 | 7,166 | 0.3% | 7,444 | 3.9% |
| 18–20 Years | 6,997 | 7,124 | 1.8% | 7,605 | 6.8% |
| 21–24 Years | 7,943 | 8,950 | 12.7% | 10,026 | 12.0% |
| 25–34 Years | 18,552 | 21,223 | 14.4% | 22,780 | 7.3% |
| 35–44 Years | 20,458 | 20,323 | -0.7% | 21,937 | 7.9% |
| 45–54 Years | 29,810 | 23,894 | -19.8% | 21,985 | -8.0% |
| 55–64 Years | 36,237 | 39,879 | 10.1% | 38,826 | -2.6% |
| 65–74 Years | 28,925 | 44,515 | 53.9% | 52,538 | 18.0% |
| 75–84 Years | 15,996 | 20,909 | 30.7% | 22,689 | 8.5% |
| 85+ Years | 5,846 | 7,831 | 34.0% | 8,829 | 12.7% |
| Total | 211,033 | 233,136 | 10.5% | 247,043 | 6.0% |
| 65+ Years | 50,767 | 73,255 | 44.3% | 84,056 | 14.7% |
| 75+ Years | 21,842 | 28,740 | 31.6% | 31,518 | 9.7% |
| 85+ Years | 5,846 | 7,831 | 34.0% | 8,829 | 12.7% |

Source: Environics Analytics and Health Dimensions Group analysis of Claritas data

Table 2 presents additional analysis on elderly households data and trends for Yavapai County. Households with head of household age 65 to 74 are projected to increase substantially over the next five years.

**Table 2: Yavapai County
Elderly Households – 2000, 2019, and 2024**

| Age of Head of Household | 2000 Actual | 2019 Estimate | Percent Change 2000–2019 | 2024 Projection | Percent Change 2019–2024 |
|--------------------------|-------------|---------------|--------------------------|-----------------|--------------------------|
| 45–54 Years | 13,071 | 12,389 | -5.2% | 11,406 | -7.9% |
| 55–64 Years | 12,159 | 22,135 | 82.0% | 21,494 | -2.9% |
| 65–74 Years | 12,463 | 26,684 | 114.1% | 31,415 | 17.7% |
| 75–84 Years | 8,378 | 13,713 | 63.7% | 14,845 | 8.3% |
| 85+ Years | 2,549 | 5,069 | 98.9% | 5,693 | 12.3% |
| 65+ Years | 23,390 | 45,466 | 94.4% | 51,953 | 14.3% |
| 75+ Years | 10,927 | 18,782 | 71.9% | 20,538 | 9.3% |
| 85+ Years | 2,549 | 5,069 | 98.9% | 5,693 | 12.3% |

Source: Environics Analytics and Health Dimensions Group analysis of Claritas data

Exhibit 3 reports the percentage of the population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation, although not a high need, may be considered a need within the community, especially within the rural and outlying populations.

| Exhibit 3 Yavapai Regional Medical Center Urban/Rural Population | | |
|---|---------------|---------------|
| County | Percent Urban | Percent Rural |
| Yavapai County | 66.8% | 33.2% |
| Prescott | 89.2% | 10.8% |
| Prescott Valley | 95.7% | 4.3% |
| Chino Valley | 76.0% | 24.0% |
| Dewey | 0.0% | 100.0% |
| Mayer | 0.0% | 100.0% |
| Arizona | 89.8% | 10.2% |
| United States | 80.7% | 19.3% |

Source: US Census Bureau, American Community Survey. 2017.

Socioeconomic Characteristics of the Community

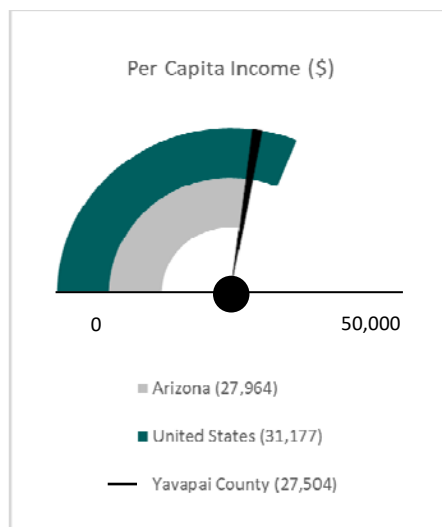
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, uninsured population, poverty and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to Arizona and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. The per capita income of Yavapai County is below both the state of Arizona and the United States.

| Exhibit 4 Per Capita Income (In 2017 Inflation Adjusted USD) | | | |
|---|-------------------------|--|-------------------------------|
| | Total Population | Aggregate Household Income (\$) | Per Capita Income (\$) |
| Yavapai County | 215,104 | \$ 5,916,223,300 | \$ 27,504 |
| Prescott | 40,307 | \$ 1,275,662,100 | \$ 31,649 |
| Prescott Valley | 40,956 | \$ 926,659,900 | \$ 22,626 |
| Chino Valley | 10,957 | \$ 289,079,100 | \$ 26,383 |
| Dewey | 3,747 | \$ 92,124,500 | \$ 24,584 |
| Mayer | 1,775 | \$ 37,025,300 | \$ 20,859 |
| Other Yavapai County Cities | 128,301 | \$ 3,295,672,400 | \$ 25,687 |
| Arizona | 6,545,275 | \$ 183,032,057,800 | \$ 27,964 |
| United States | 309,794,891 | \$ 9,658,475,311,300 | \$ 31,177 |

Source: US Census Bureau, American Community Survey. 2017.



According to research of the community area, Yavapai County is supported by major industries which include local federal, state and local government. *Exhibit 5* summarizes employment by major industry for the community.

| Exhibit 5 Yavapai Regional Medical Center Employment by Major Industry 2017 Annual Average (In Thousands) | | | | |
|--|---------------------------|-------------|------------------|----------------------------|
| Major Industries | Yavapai County | % | Arizona % | United States % |
| Government | | | | |
| Federal Government | 1,587 | 2.5% | 2.0% | 1.9% |
| State Government | 615 | 1.0% | 2.4% | 3.2% |
| Local Government | 8,567 | 13.6% | 9.6% | 9.8% |
| Goods-producing | | | | |
| Natural resources and mining | 1,351 | 2.1% | 1.4% | 1.3% |
| Construction | 4,200 | 6.7% | 5.3% | 4.8% |
| Manufacturing | 3,771 | 6.0% | 5.9% | 8.6% |
| Service-providing | | | | |
| Trade, transportation and utilities | 12,466 | 19.8% | 18.9% | 18.9% |
| Information | 586 | 0.9% | 1.6% | 1.9% |
| Financial activities | 1,864 | 3.0% | 7.5% | 5.6% |
| Professional and business services | 3,624 | 5.8% | 15.2% | 14.1% |
| Education and health services | 12,260 | 19.5% | 15.3% | 15.4% |
| Leisure and hospitality | 9,882 | 15.7% | 11.5% | 11.1% |
| Other services | 1,683 | 2.7% | 2.6% | 3.1% |
| Unclassified | 496 | 0.8% | 0.7% | 0.2% |
| Total | 62,952 | 100% | 100% | 100% |
| <i>Source: U.S. Department of Labor, Bureau of Labor Statistics. 2017.</i> | | | | |

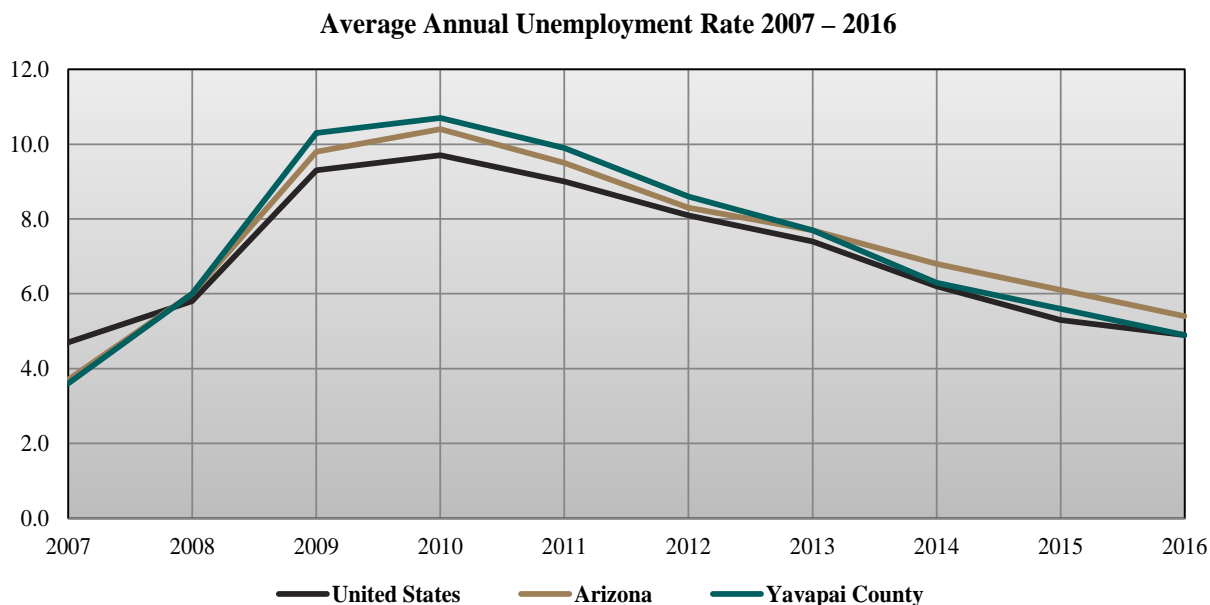
Unemployment Rate

Exhibits 6 and 7 present the average annual resident unemployment rate from 2007 to 2016 for Yavapai County, as well as the trend for Arizona and the United States. Since hitting a high rate of 10.7 in 2010, the community's unemployment rate has declined to 4.9 by 2016.

| Exhibit 6 | | | | | | | | | | |
|--------------------------------------|------|------|------|------|------|------|------|------|------|------|
| Yavapai Regional Medical Center | | | | | | | | | | |
| Average Annual Unemployment Rate (%) | | | | | | | | | | |
| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| Yavapai County | 3.6 | 6.0 | 10.3 | 10.7 | 9.9 | 8.6 | 7.7 | 6.3 | 5.6 | 4.9 |
| Prescott | 3.3 | 5.5 | 9.3 | 10.1 | 10.0 | 9.1 | 8.1 | 6.9 | 6.3 | 5.5 |
| Prescott Valley | 3.8 | 6.3 | 10.6 | 10.3 | 9.5 | 8.7 | 7.4 | 5.8 | 5 | 4.4 |
| Chino Valley | 3.7 | 6.2 | 10.5 | 10.7 | 9.9 | 8.6 | 7.7 | 6.3 | 5.6 | 4.9 |
| Dewey | 3.7 | 6.2 | 10.5 | 10.7 | 9.9 | 8.6 | 7.7 | 6.3 | 5.6 | 4.9 |
| Mayer | 3.7 | 6.2 | 10.5 | 10.7 | 9.9 | 8.6 | 7.7 | 6.3 | 5.6 | 4.9 |
| Arizona | 3.7 | 6.0 | 9.8 | 10.4 | 9.5 | 8.3 | 7.7 | 6.8 | 6.1 | 5.4 |
| United States | 4.7 | 5.8 | 9.3 | 9.7 | 9.0 | 8.1 | 7.4 | 6.2 | 5.3 | 4.9 |

Data Source: US Department of Labor, Bureau of Labor Statistics

Exhibit 7



Data Source: US Department of Labor, Bureau of Labor Statistics

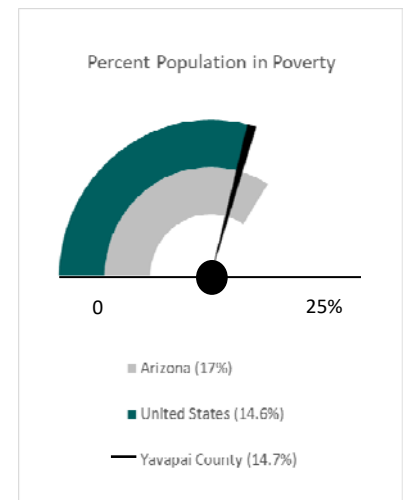
Poverty

Exhibit 8 presents the percentage of total population below 100 percent Federal Poverty Level (FPL) for Yavapai County, Arizona and the United States. Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

| Exhibit 8 Yavapai Regional Medical Center Population Below 100% Federal Poverty Line (FPL) | | | |
|---|---|-------------------------|-----------------------|
| | Population (for Whom Poverty Status is Determined) | Population below FPL | Percent in Poverty |
| Yavapai County | 216,664 | 31,859 | 14.7% |
| Prescott | 39,579 | 5,500 | 13.9% |
| Prescott Valley | 41,685 | 6,243 | 15.0% |
| Chino Valley | 11,083 | 1,450 | 13.1% |
| Dewey | 3,962 | 433 | 10.9% |
| Mayer | 1,948 | 367 | 18.8% |
| Other Yavapai County Cities | 118,407 | 17,866 | 15.1% |
| Arizona | 6,654,096 | 1,128,046 | 17.0% |
| United States | 313,048,563 | 45,650,345 | 14.6% |

Source: US Census Bureau, American Community Survey, 2017.

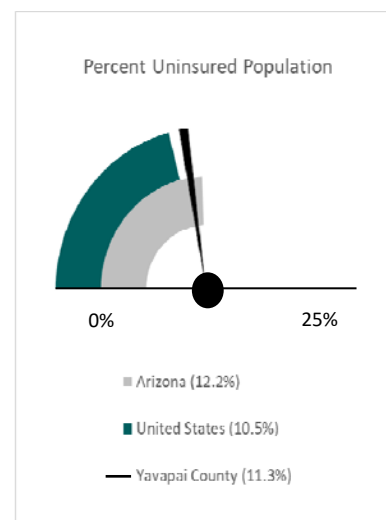


Uninsured

Exhibit 9 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

| Exhibit 9 Yavapai Regional Medical Center Health Insurance Coverage Status | | | |
|---|------------------------------------|--------------------|----------------------|
| Population | | | |
| | (Civilian Noninstitutionalized) | Total Uninsured | Percent Uninsured |
| Yavapai County | 219,401 | 24,789 | 11.3% |
| Prescott | 40,891 | 2,876 | 7.0% |
| Prescott Valley | 41,825 | 5,446 | 13.0% |
| Chino Valley | 11,126 | 1,521 | 13.7% |
| Dewey | 3,986 | 348 | 8.7% |
| Mayer | 1,948 | 27 | 1.4% |
| Other Yavapai County Cities | 119,625 | 14,571 | 12.2% |
| Arizona | 6,701,990 | 814,408 | 12.2% |
| United States | 316,027,641 | 33,177,146 | 10.5% |

Source: US Census Bureau, American Community Survey. 2017.

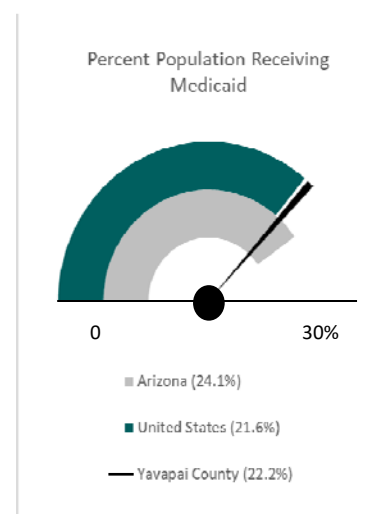


Medicaid

Exhibit 10 reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 10* shows that the community ranks favorably compared to the state of Arizona but not the United States.

| Exhibit 10 Yavapai Regional Medical Center Medicaid – Tested Public Coverage | | | | | |
|---|---|--|-------------------------------------|--|--|
| | Total Population (For Whom Insurance Status is Determined) | Population With Any Health Insurance | Population Receiving Medicaid | Percent of Total Population Receiving Medicaid | Percent of Insured Population Receiving Medicaid |
| Yavapai County | 217,066 | 189,183 | 42,043 | 19.4% | 22.2% |
| Arizona | 6,620,233 | 5,718,154 | 1,376,734 | 20.8% | 24.1% |
| United States | 313,576,137 | 276,875,891 | 59,874,221 | 19.1% | 21.6% |

Source: US Census Bureau, American Community Survey. 2012-16.



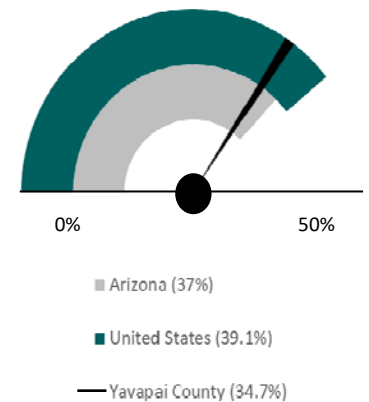
Education

Exhibit 11 presents the population with an Associate's degree or higher in Yavapai County versus Arizona and the United States. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 11*, the percent of residents within the community obtaining an Associate's degree or higher is below the state and national percentages.

| Exhibit 11 Yavapai Regional Medical Center Educational Attainment of Population Age 25 and Older | | | |
|---|--------------------------------------|--|---|
| | Total Population Age 25 and Older | Population with Associate's Degree or Higher | Percent with Associate's Degree or Higher |
| Yavapai County | 168,134 | 58,333 | 34.7% |
| Prescott | 32,177 | 15,558 | 48.4% |
| Prescott Valley | 29,700 | 8,401 | 28.3% |
| Chino Valley | 8,512 | 2,075 | 24.4% |
| Dewey | 3,009 | 1,014 | 33.7% |
| Mayer | 1,325 | 370 | 27.9% |
| Other Yavapai County Cities | 93,411 | 30,915 | 33.1% |
| Arizona | 4,516,175 | 1,671,634 | 37.0% |
| United States | 216,271,644 | 84,505,084 | 39.1% |

Source: US Census Bureau, American Community Survey. 2017.

Percent Population Age 25+ with
Associate's Degree or Higher



Physical Environment of the Community

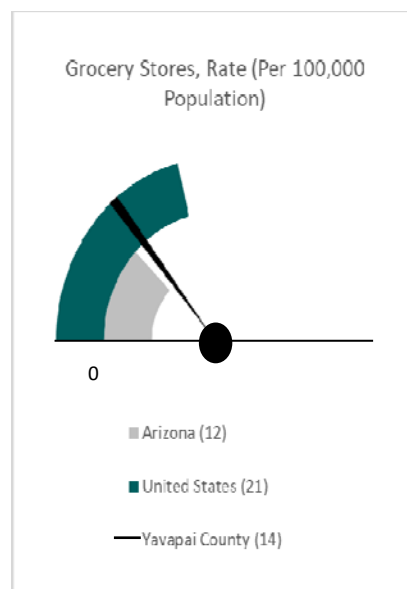
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

Exhibit 12 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

| Exhibit 12 Yavapai Regional Medical Center Grocery Store Access | | | |
|--|-----------------------------|-------------------------------------|--|
| | Total Population | Number of Establishments | Establishments Rate per 100,000 |
| Yavapai County | 211,033 | 29 | 13.7 |
| Arizona | 6,392,017 | 786 | 12.3 |
| United States | 308,745,538 | 65,399 | 21.2 |

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.

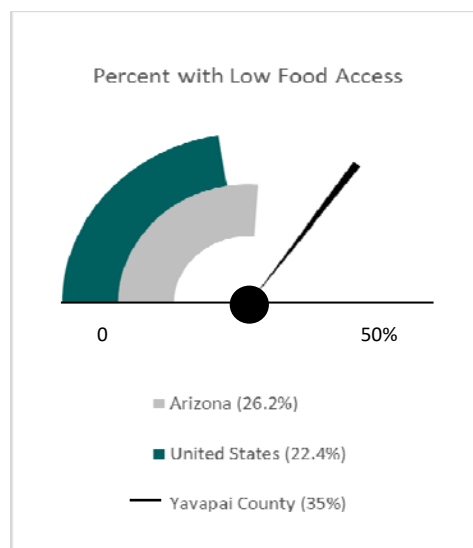


Food Access/Food Deserts

Exhibit 13 reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

| Exhibit 13 Yavapai Regional Medical Center Population with Low Food Access | | | |
|---|------------------|---------------------------------|------------------------------|
| | Total Population | Population with Low Food Access | Percent with Low Food Access |
| Yavapai County | 211,033 | 73,882 | 35.0% |
| Arizona | 6,392,017 | 1,675,205 | 26.2% |
| United States | 308,745,538 | 69,266,771 | 22.4% |

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.

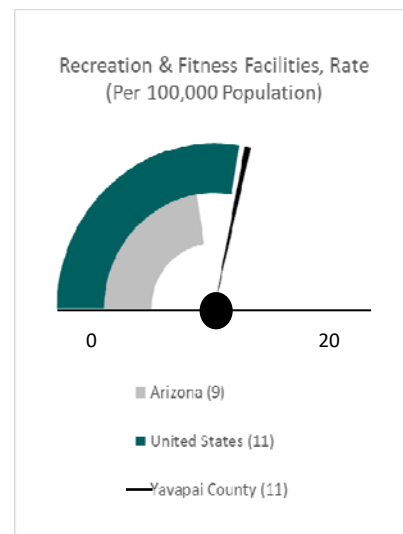


Recreation and Fitness Access

Exhibit 14 reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. As noted in *Exhibit 14*, the community has more fitness establishments available to the residents than Arizona and the United States.

| Exhibit 14 Yavapai Regional Medical Center Recreation and Fitness Facility Access | | | |
|--|-------------------------|---------------------------------|--|
| | Total Population | Number of Establishments | Establishments Rate per 100,000 |
| Yavapai County | 211,033 | 24 | 11.4 |
| Arizona | 6,392,017 | 574 | 9.0 |
| United States | 308,745,538 | 33,980 | 11.0 |

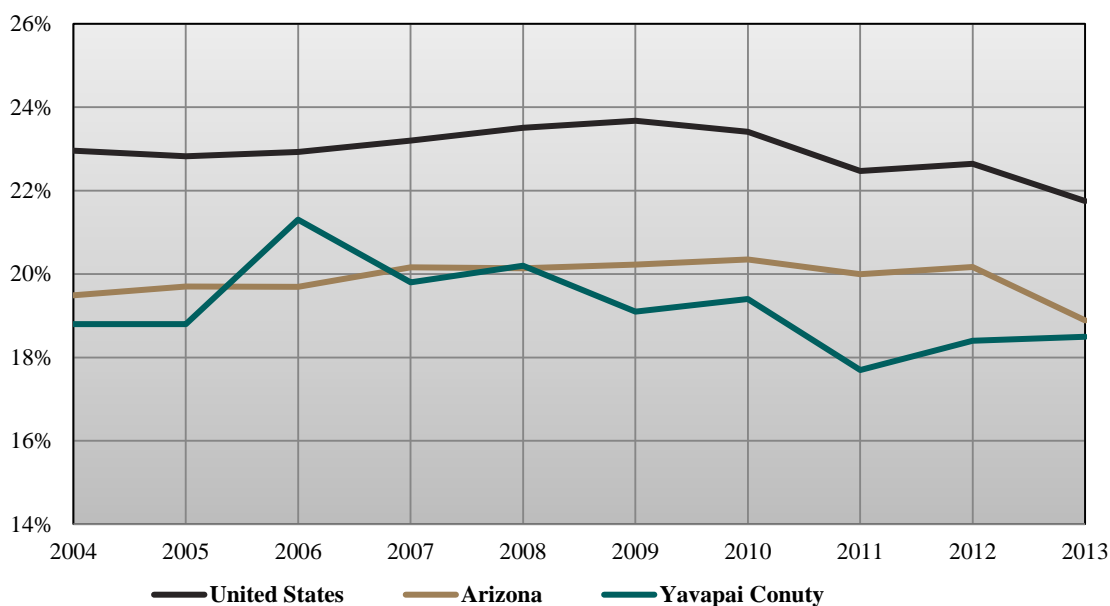
Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES, 2016.



The trend graph below (*Exhibit 15*) shows the percent of adults who are physically inactive by year for the community and compared to the state of Arizona and the United States. Since 2008, the CHNA community has had a lower percentage of adults who are physically inactive compared to both the state of Arizona and the United States. As of 2012, the percentage of adults physically inactive within the community had a gentle incline into 2013 opposite both the state of Arizona and the United States.

Exhibit 15

Percent Adults Physically Inactive by Year, 2004 – 2013



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

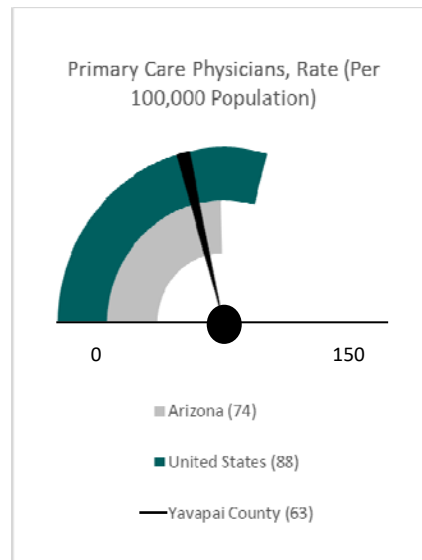
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 16 reports the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

| Exhibit 16 Yavapai Regional Medical Center Access to Primary Care | | | |
|--|----------------------------------|---|---|
| | Total Population 2014 | Primary Care Physicians 2014 | Primary Care Physicians Rate per 100,000 |
| Yavapai County | 218,844 | 138 | 63.1 |
| Arizona | 6,731,484 | 4,961 | 73.7 |
| United States | 318,857,056 | 279,871 | 87.8 |

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.



Lack of a Consistent Source of Primary Care

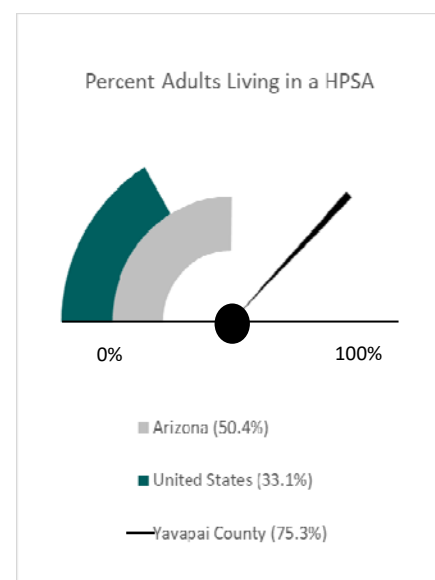
Exhibit 17 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

| Exhibit 17 Yavapai Regional Medical Center Lack of a Consistent Source of Primary Care | | | |
|---|---------------------------------------|--|-----------------------------------|
| | Survey Population Age 18 and Older | Total Adults without Regular Doctor | Percent without Regular Doctor |
| Yavapai County | 144,483 | 35,689 | 24.7% |
| Arizona | 4,772,064 | 1,222,072 | 25.6% |
| United States | 236,884,668 | 52,290,932 | 22.1% |
| <i>Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-2012.</i> | | | |

Population Living in a Health Professional Shortage Area

Exhibit 18 reports the percentage of the population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As seen below, 75.3 percent of the residents within the community are living in a health professional shortage area.

| Exhibit 18 Yavapai Regional Medical Center Population Living in a Health Professional Shortage Area (HPSA) | | | |
|--|------------------|---------------------------------|------------------------------|
| | Total Population | Population Living in an HPSA | Percent Living in an HPSA |
| Yavapai County | 211,033 | 158,980 | 75.3% |
| Arizona | 6,392,017 | 3,221,513 | 50.4% |
| United States | 308,745,538 | 102,289,607 | 33.1% |
| <i>Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016</i> | | | |



Preventable Medical Center Events

Exhibit 19 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

| Exhibit 19 | | | |
|--|------------------------------------|---------------------------------------|-----------------------------------|
| Yavapai Regional Medical Center | | | |
| Preventable Hospital Events | | | |
| | Total Medicare Part A Enrollees | ACS Conditions Hospital Discharges | ACS Conditions Discharges Rate |
| Yavapai County | 43,681 | 1,145 | 26.2 |
| Arizona | 573,451 | 21,198 | 37.0 |
| United States | 29,649,023 | 1,479,545 | 49.9 |
| <i>Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014.</i> | | | |

Health Status of the Community

This section of the assessment reviews the health status of Yavapai County residents. As in the previous section, comparisons are provided with the state of Arizona and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Some examples of lifestyle/behavior and related health care problems include the following:

| Lifestyle | Primary Disease Factor |
|-----------------------------|--|
| Smoking | Lung cancer Cardiovascular disease Emphysema Chronic bronchitis |
| Alcohol/drug abuse | Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness |
| Poor nutrition | Obesity Digestive disease Depression |
| Driving at excessive speeds | Trauma Motor vehicle crashes |
| Lack of exercise | Cardiovascular disease Depression |
| Overstressed | Mental illness Alcohol/drug abuse Cardiovascular disease |

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the CHNA community, along with the state of Arizona. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 20 reflects the leading causes of death for the CHNA community and compares the rates, per hundred thousand, to the state of Arizona and the United States.

| Exhibit 20 Yavapai Regional Medical Center Selected Causes of Resident Deaths: Crude Death Rate (Crude rates per 100,000 population) | | | |
|---|-----------------------|----------------|----------------------|
| | Yavapai County | Arizona | United States |
| | Rate | Rate | Rate |
| Heart Disease^ | 270.4 | 165.3 | 194.2 |
| Cancer | 297.7 | 170.9 | 185.3 |
| Coronary Heart Disease^ | 177.1 | 110.6 | 115.3 |
| Lung Disease | 105.7 | 51.8 | 47.0 |
| Unintentional Injury | 76.2 | 51.2 | 44.1 |
| Stroke | 61.6 | 34.6 | 42.2 |
| Drug Poisoning | 28.7 | 18.5 | 15.6 |
| Suicide | 34.2 | 18.2 | 13.4 |
| ^Coronary Heart Disease is a subset of Heart Disease | | | |
| Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. | | | |
| Accessed via CDC WONDER. 2012-16. | | | |

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the Community Health Needs Assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

The relative health status of the CHNA community will be compared to the state of Arizona as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior CHNA and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. *Exhibit 21* that follows shows Yavapai County's mortality and morbidity rankings. Overall, Yavapai saw morbidity improvement from the prior CHNA; however, the overall mortality ranking declined.

| Exhibit 21 Yavapai Regional Medical Center County Health Rankings - Health Outcomes | | | | | |
|--|---------------------------|------------------------|-----------------------|--------------|---------------------------|
| | Yavapai County 2015 | Yavapai County 2018 | Increase/ Decrease | Arizona 2018 | Top US Performers 2018 |
| Mortality* | 8 | 10 | ↑ | | |
| Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) | 7,737 | 8,500 | ↑ | 6,800 | 5,300 |
| Morbidity* | 9 | 3 | ↓ | | |
| Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted) | 18% | 14% | ↓ | 18% | 12% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 4.2 | 3.7 | ↓ | 4.0 | 3.0 |
| Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | 4.1 | 3.8 | ↓ | 3.9 | 3.1 |
| Low birth weight - Percent of live births with low birth weight (<2500 grams) | 7.3% | 7.0% | ↓ | 7.0% | 6.0% |
| * Rank out of 15 Arizona counties Source: Countyhealthrankings.org | | | | | |

| YAVAPAI COUNTY Yavapai Regional Medical Center County Health Rankings - Health Factors | | | | |
|---|------------------------|------------------------|--------------|---------------------------|
| | Yavapai County 2015 | Yavapai County 2018 | Arizona 2018 | Top US Performers 2018 |
| Health Behaviors* | 5 | 1 | ↓ | |
| Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke | 19% | 15% | ↓ | 15% |
| Adult obesity - Percent of adults that report a BMI ≥ 30 | 26% | 23% | ↓ | 27% |
| Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 6.3 | 6.6 | ↑ | 6.4 |
| Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity | 20% | 22% | ↑ | 20% |
| Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity | 90% | 88% | ↓ | 86% |
| Excessive drinking - Percent of adults that report excessive drinking in the past 30 days | 14% | 16% | ↑ | 17% |
| Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement | 23% | 21% | ↓ | 27% |
| Sexually transmitted infections - Chlamydia rate per 100K population | 178.0 | 200.1 | ↑ | 481.1 |
| Teen births - female population, ages 15-19 | 46 | 31 | ↓ | 33 |
| Clinical Care* | 2 | 2 | — | |
| Uninsured adults - Percent of population under age 65 without health insurance | 22% | 13% | ↓ | 13% |
| Primary care physicians - Number of population for every one primary care physician | 1,575 | 1,680 | ↑ | 1,520 |
| Dentists - Number of population for every one dentist | 1,655 | 1,600 | ↓ | 1,660 |
| Mental health providers - Number of population for every one mental health provider | 624 | 600 | ↓ | 820 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 28 | 23 | ↓ | 36 |
| Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening | 81% | 83% | ↑ | 80% |
| Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening | 68% | 66% | ↓ | 64% |

| YAVAPAI COUNTY Yavapai Regional Medical Center County Health Rankings - Health Factors | | | | | |
|--|------------------------|------------------------|---|--------------|---------------------------|
| | Yavapai County 2015 | Yavapai County 2018 | | Arizona 2018 | Top US Performers 2018 |
| <i>Social & Economic Factors*</i> | 2 | 2 | — | | |
| High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years | 78% | 79% | ↑ | 78% | 95% |
| Some college [^] - Percent of adults aged 25-44 years with some post-secondary education | 61% | 60% | ↓ | 63% | 72% |
| Unemployment - Percent of population age 16+ unemployed but seeking work | 8.0% | 4.9% | ↓ | 5.3% | 3.2% |
| Children in poverty - Percent of children under age 18 in poverty | 24% | 20% | ↓ | 24% | 12% |
| Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile | 4.1 | 4.1 | — | 4.6 | 3.7 |
| Children in single-parent households - Percent of children that live in household headed by single parent | 32% | 31% | ↓ | 36% | 20% |
| Social associations [^] - Number of membership associations per 10,000 population | 9.5 | 9.1 | ↓ | 5.6 | 22.1 |
| Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted) | 332 | 289 | ↓ | 415 | 62 |
| Injury deaths - Number of deaths due to injury per 100,000 population | 104 | 122 | ↑ | 78 | 55 |
| <i>Physical Environment*</i> | 10 | 5 | ↓ | | |
| Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter | 10.7 | 5.9 | ↓ | 6.0 | 6.7 |
| Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year | N/A | N/A | — | N/A | N/A |
| Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | 20% | 19% | ↓ | 20% | 9% |
| Driving alone to work - Percentage of workforce that drives alone to work | 74% | 74% | — | 77% | 72% |
| Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 27% | 26% | ↓ | 35% | 15% |
| Note: N/A Indicates Missing Data | | | | | |
| * Rank out of 15 Arizona counties | | | | | |
| [^] Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative. | | | | | |
| Source: Countyhealthrankings.org | | | | | |

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior Community Health Needs Assessment to current year and challenges faced by Yavapai County. The improvements/challenges shown below in *Exhibit 22* were determined using a process of comparing the rankings of Yavapai County's health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed a significant improvement or decline, they were included in the charts below.

| Exhibit 22 Yavapai Regional Medical Center Yavapai County Improvements and Challenges | |
|--|---|
| Improvements | Challenges |
| Adult Smoking – % of adults smoking at least 100 cigarettes and currently smoking decreased from 19% to 15% | Physical Activity – Percent of adults age 20 and over reporting no leisure time/physical activity increased from 20% to 22% |
| Children In Poverty – % of children under age 18 in poverty decreased from 24% to 20% | Sexually transmitted infections – Chlamydia rate per 100k population increased from 178 to 200 |
| Uninsured Adults – % of population under age 65 without insurance decreased from 22% to 13% | Excessive Drinking – Percent of adults that report excessive drinking in the past 30 days increased from 14% to 16% |
| Teen Births – decreased from 46 to 31 | Injury Deaths – # of deaths due to injury increased from 104 to 122 |
| Unemployment – decreased from 8% to 4.9% | |

As can be seen from the summarized table above, there are several areas that have challenges and room for improvement; however, there were significant improvements made within the CHNA community from the prior report.

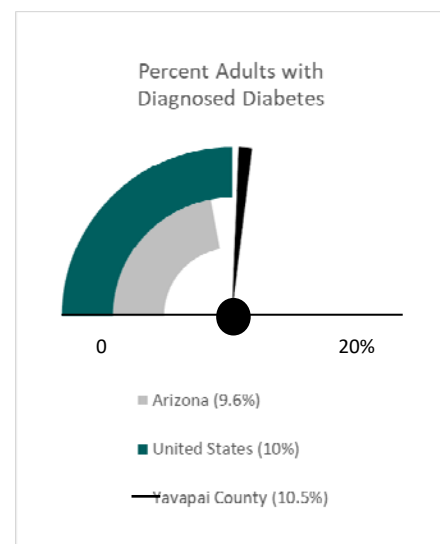
The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Yavapai County are compared to the state of Arizona and also the United States.

Diabetes (Adult)

Exhibit 23 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community's percentage is higher than both the state of Arizona and the United States.

| Exhibit 23 Yavapai Regional Medical Center Population with Diagnosed Diabetes | | | |
|--|--|---|--|
| | Total Population Age 20 and Older | Population with Diagnosed Diabetes | Percent with Diagnosed Diabetes |
| Yavapai County | 172,114 | 18,072 | 10.5% |
| Arizona | 4,837,470 | 464,589 | 9.6% |
| United States | 236,919,508 | 23,685,417 | 10.0% |

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

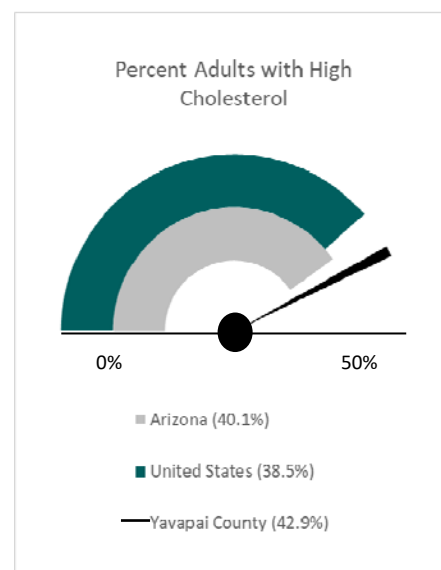


High Cholesterol (Adult)

Exhibit 24 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood cholesterol. The CHNA community's percentage is higher than both the state of Arizona and the United States.

| Exhibit 24 Yavapai Regional Medical Center Population with High Cholesterol | | | |
|--|---|---|--------------------------------------|
| | Survey Population Age 18 and Older | Population with High Cholesterol | Percent with High Cholesterol |
| Yavapai County | 117,426 | 50,326 | 42.9% |
| Arizona | 3,574,797 | 1,434,477 | 40.1% |
| United States | 180,861,326 | 69,662,357 | 38.5% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

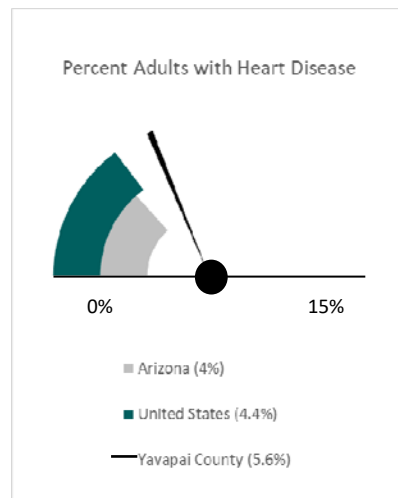


Heart Disease (Adult)

Exhibit 25 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attacks. The community has a percentage higher than both the United States and the state of Arizona.

| Exhibit 25 Yavapai Regional Medical Center Population with Heart Disease | | | |
|---|------------------------------------|-------------------------------|----------------------------|
| | Survey Population Age 18 and Older | Population with Heart Disease | Percent with Heart Disease |
| Yavapai County | 143,702 | 8,045 | 5.6% |
| Arizona | 4,756,743 | 188,990 | 4.0% |
| United States | 236,406,904 | 10,407,185 | 4.4% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

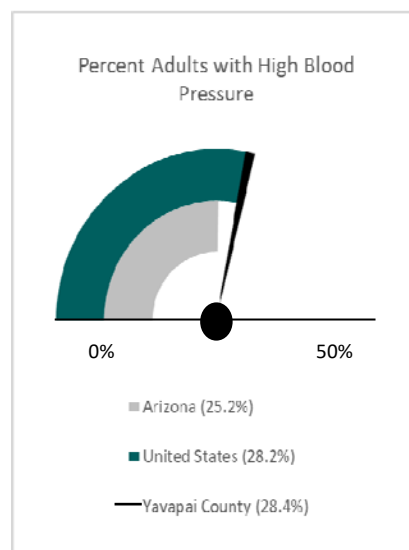


High Blood Pressure (Adult)

Exhibit 26 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure. The community has a percentage higher than both the state of Arizona and the United States.

| Exhibit 26 Yavapai Regional Medical Center Population with High Blood Pressure | | | |
|---|------------------------------------|-------------------------------------|----------------------------------|
| | Survey Population Age 18 and Older | Population with High Blood Pressure | Percent with High Blood Pressure |
| Yavapai County | 170,035 | 48,290 | 28.4% |
| Arizona | 4,714,129 | 1,187,961 | 25.2% |
| United States | 232,556,016 | 65,476,522 | 28.2% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.

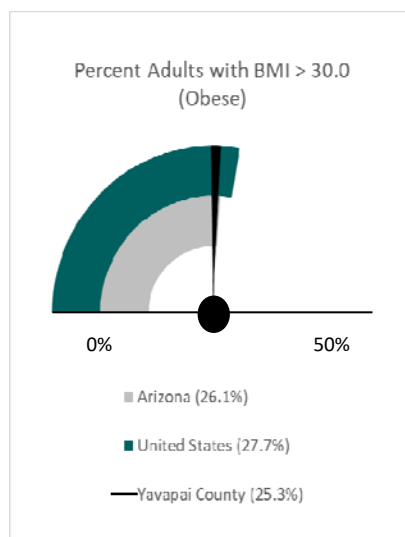


Obesity

Exhibit 27 reports the percentage of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The community has a BMI percentage lower than both Arizona and the United States.

| Exhibit 27 Yavapai Regional Medical Center Population with Obesity | | | |
|--|---------------------------------------|---------------------------------------|------------------------------------|
| | Survey Population Age 20 and Older | Population with BMI > 30.0 (Obese) | Percent with BMI > 30.0 (Obese) |
| Yavapai County | 172,316 | 43,596 | 25.3% |
| Arizona | 4,837,328 | 1,262,003 | 26.1% |
| United States | 234,188,203 | 64,884,915 | 27.7% |

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

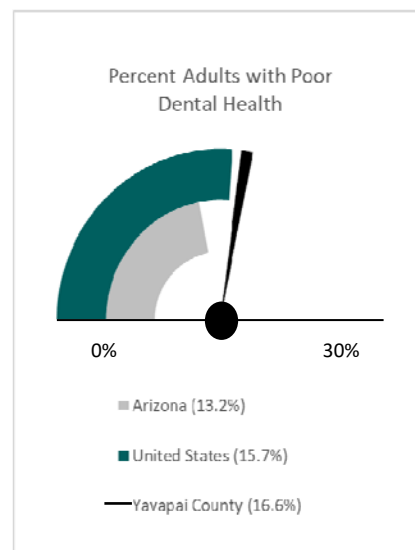


Poor Dental Health

Exhibit 28 reports the percentage of adults aged 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. As noted below, the total community has a greater percentage of adults with poor dental health than that of Arizona and the United States.

| Exhibit 28 Yavapai Regional Medical Center Population with Poor Dental Health | | | |
|---|---------------------------------------|---------------------------------------|------------------------------------|
| | Survey Population Age 18 and Older | Population with Poor Dental Health | Percent with Poor Dental Health |
| Yavapai County | 168,095 | 27,828 | 16.6% |
| Arizona | 4,714,129 | 623,759 | 13.2% |
| United States | 235,375,690 | 36,842,620 | 15.7% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

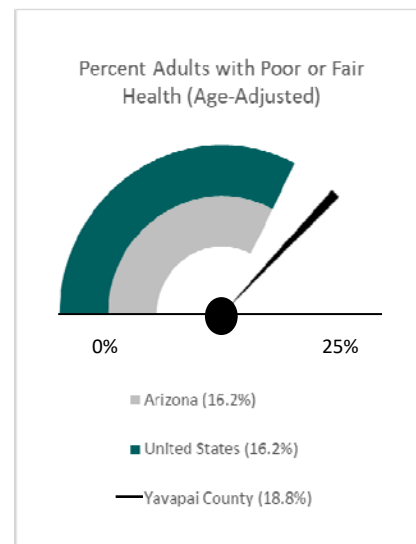


Poor General Health

Exhibit 29 reports the percentage of adults aged 18 and older self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” This indicator is relevant because it is a measure of general poor health status. The community has a greater percentage of adults with poor general health than that of the state of Arizona and the United States.

| Exhibit 29 Yavapai Regional Medical Center Population with Poor General Health | | | |
|---|---|--|---|
| | Survey Population Age 18 and Older | Population with Poor General Health | Percent with Poor General Health |
| Yavapai County | 170,035 | 31,967 | 18.8% |
| Arizona | 4,714,129 | 763,689 | 16.2% |
| United States | 232,556,016 | 37,766,703 | 16.2% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-12.



Low Birth Weight

Exhibit 30 reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

| Exhibit 30 Yavapai Regional Medical Center Births with Low Birth Weight (under 2500g) | | | |
|--|--------------------------|--------------------------|--------------------------------------|
| | Total Live Births | Low Weight Births | Percent Low Weight Births |
| Yavapai County | 15,078 | 1,101 | 7.3% |
| Arizona | 678,482 | 48,172 | 7.1% |
| United States | 29,300,495 | 2,402,641 | 8.2% |

Data Source: US Department of Health Human Services, Health Indicators Warehouse Centers for Disease Control and Prevention. Accessed via CDC WONDER, 2012-16.

Key Stakeholder Surveys/Interviews

Interviewing key stakeholders is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Electronic surveys were distributed to stakeholders representing Yavapai County. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry. Additionally, face-to-face interviews were conducted with two key stakeholders.

A total of 61 stakeholders provided input on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Barriers to improving health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Key Stakeholder Profiles

Key stakeholders who were asked to provide input (see *Appendix D* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Yavapai Regional Medical Center
- ✓ Social service agencies
- ✓ Local school systems and universities
- ✓ Other medical providers
- ✓ Local elected officials and governmental agencies
- ✓ Local businesses
- ✓ Public health agencies
- ✓ Yavapai-Prescott Indian Tribe

Key Stakeholder Survey Results

The questions on the survey were grouped into four major categories. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in Yavapai County. They were also asked to provide their opinion on whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

On a scale of one to ten (with ten being the highest), the average response to the health of quality and life in Yavapai County was rated as seven. Less than 10 percent (6 out of 61) of respondents rated the average health of quality and life as five or less. Almost 15 percent (9 out of 61) of respondents rated the quality of life as an 8 or higher.

When asked whether the health and quality of life had improved, declined or stayed the same, 23 percent of those that responded to this question felt the health and quality of life had improved over the last three years. Over the last three years, 28 percent of community stakeholders felt that the health and quality of life had declined, while 49 percent of respondents felt the health and quality of life had stayed the same. When asked why the health of the community has remained the same or decreased, key stakeholders repeatedly noted the impact of health issues associated with an aging population as the top reason for the decline in the health and quality of life in Yavapai County. Multiple key stakeholders noted that the health and quality of life has improved due to an increase in providers and specialists in the area, but that due to the growth of the region and aging population, services could still be added or expanded. Other key stakeholders noted that there are more activities in the community and people continue to become more active, contributing to an improved quality of life.

"We are in a retirement community and although we are sustaining a lot of growth, the overall health of the retirees within the community doesn't appear to have changed much."

"There are more organized activities available for all ages. Also, those who have moved in have come from places that have a larger focus on individual health."

"In many cases it is the aging population experiencing health issues, but services have improved greatly here to address them."

"I see individuals trying now to improve their quality of life by eating healthier & not drinking like they used to. Even though this affected them when they were young they are persuading their younger children and grandchildren to eat and drink healthy items."

"Providers numbers have increased over the past three years but so has market growth. Access to care remains an issue due to market growth"

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

The majority of the key stakeholders identified persons living with low incomes or in poverty, including homeless persons, as most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low-income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured. In addition many providers do not accept certain forms of insurance, including plans issued under the *Affordable Care Act* which limits access to primary care for persons living with low-income. As a result, people skip routine screenings that could identify problems early. Often, persons living with low income also have less access to reliable transportation.

The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation and fixed incomes, as well as rising health care costs. Many seniors in the community live alone and do not have assistance to drive them to appointments, which can lead to missed doctor's visits.

Stakeholders also mentioned that people living in rural areas are at a disadvantage due to lack of offices and transportation. People have to travel long distances to receive health care and the region lacks a public transit system. Many people in the area do not have cars and this prevents them from getting medical attention when needed. Health care facilities in rural areas are so dispersed that when individuals are able to make it to a physician office they face long wait times.

People suffering from mental illness were another group identified as an underserved population. This is due to lack of medical providers as well as a lack of available social services. The limited mental health service options in the region mean people have to travel without reliable means of transportation. Mental health needs are often long term needs that are complicated to serve, meaning more mental health specialists need to be added to the community to help better serve this population. Additionally the stigma surrounding mental illness prevents people from getting the help they need.

Key stakeholders were then asked to provide opinions regarding actions that should be taken to respond to the identified needs above.

Stakeholders repeatedly mentioned access to healthy food is limited. A lack of means of transportation to access healthy food, results in many people eating unhealthy meals. Many mentioned food deserts around the county; these deserts can lead to individuals needing to travel significant distances to have access to healthy foods. The limited access to healthy food leads to groups suffering from malnutrition. The lack of access to healthy foods impacts all the groups above, but is particularly hard on the rural community members as well as those living on low or fixed incomes. Stakeholders noted that by expanding the public transit system people would be able to have more access to healthier food options.

Expanding public transportation was often mentioned as a way to serve the rural community, as well as a way to serve the elderly, mentally ill and low income populations. Developing an affordable and reliable public transit system would expand offerings to many underserved groups by allowing them better access to health care and the opportunity to take preventive health measures in their life.

Stakeholders also mentioned that increasing access to specialized health providers is needed in the community. In order to better serve the elderly and mentally ill, as well as those suffering from substance abuse, stakeholders believe access to specialized health services providers needs to be expanded. This would also help reduce long wait times for patients at appointments.

Most stakeholders believe underserved populations could be helped by efforts to address the issues of health insurance and health plans not servicing certain areas, as well as providers not accepting certain insurance. Improving affordable health insurance options was mentioned as a way to help serve all groups mentioned above.

“We have a high percentage of people in food deserts, who do not have access to healthy foods, nor the transportation to get to healthy foods. Having a public transit system for people to get to health care providers is necessary, it is a huge barrier for rural areas. Meeting people where they are in rural areas with health care, perhaps with mobile units.”

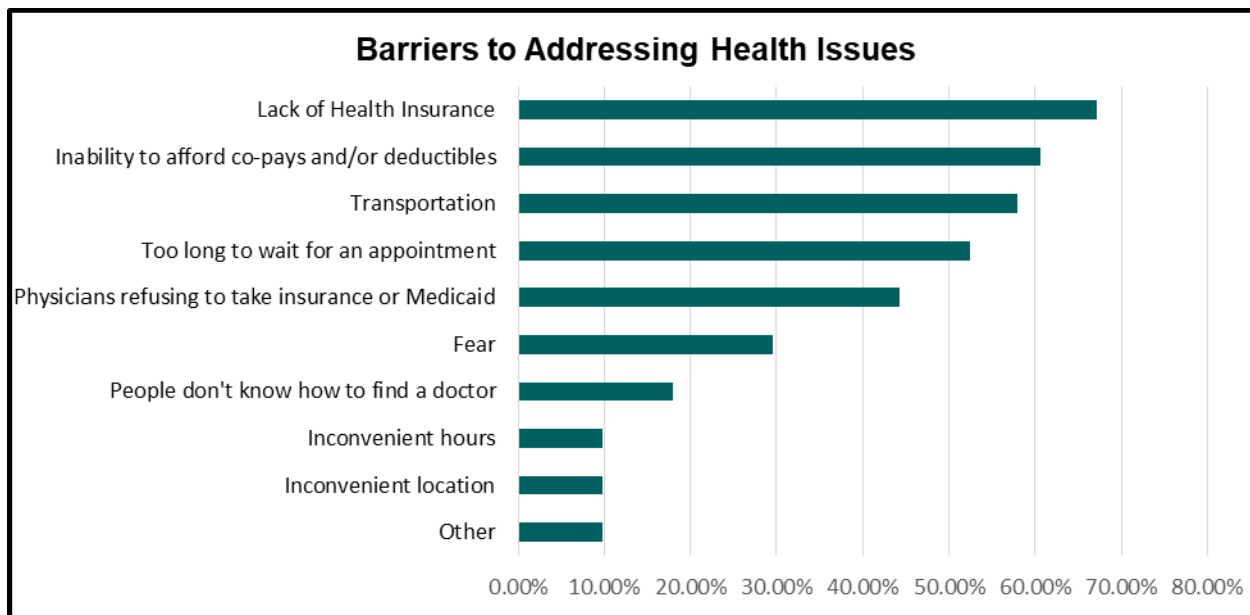
“The population of individuals in poverty and those with substance use disorder experience a lower quality of life here due to the preponderance of “TAU” treatment as usual.”

“People without transportation; people having to live further away from health care providers due to high cost of living in the incorporated area.”

“Access to adequate transportation including public transportation is essential for access to medical services, prescriptions, and staying active.”

3. Barriers

The survey included an assessment of community perceptions of major barriers to addressing health issues. The majority of responses for barriers to addressing health issues center around health insurance and cost. Lack of health insurance (67.21 percent), inability to afford co-pays and deductibles (60.66 percent), and physicians refusing to take insurance or Medicaid (44.26 percent) were all reported as large barriers to addressing health issues. Other major barriers included transportation (57.88 percent) and long wait times (52.46 percent).

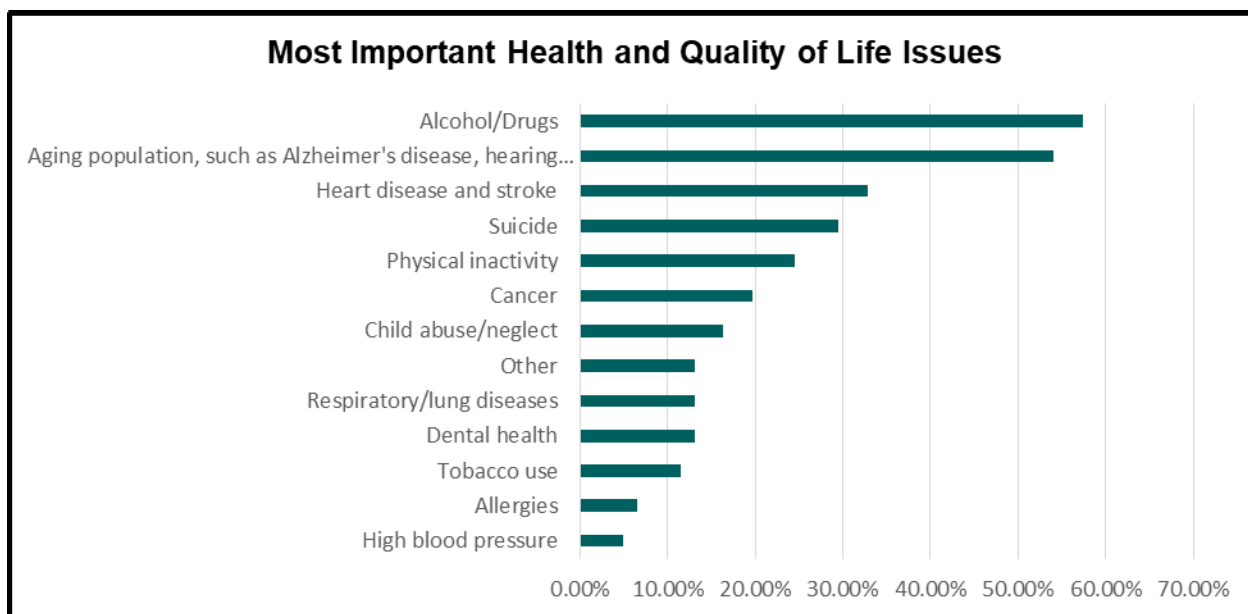


Key stakeholders identified the following as the main reasons why people are not able to access health services:

1. Lack of health insurance
2. Inability to afford co-pays and/or deductibles
3. Transportation
4. Too long to wait for an appointment
5. Physicians refusing insurance or Medicaid

4. Most important health and quality of life issues

The survey solicited input from participants regarding health problems of the community. Key stakeholders were asked to identify the three most important health and quality of life issues the community faces. Alcohol/Drugs, Aging Population and Heart Disease/Stroke were identified as the biggest health and quality of life issues in the community.



“Improve transportation, prevention education, caregiver support, increased affordable independent and assisted living option for older adults, increased behavioral health care providers who accept Medicare, gerontologists.”

“Education for community members & healthcare professionals. Reduction of bias and stigma surrounding specific populations.”

Key stakeholders were also asked what could be done to help address these critical issues. The most common responses to addressing these needs were transportation, education, increasing specialized service offerings and collaboration with other community resources and agencies.

Many key stakeholders indicated that improved public transportation would be vital in addressing the most important needs of the community. Improved public transportation would allow travel to behavioral health and substance abuse centers, assist the aging population with getting needed medical care, help patients access the specialists they need and allow individuals the opportunity to access healthy food options.

Increased education is another way many key stakeholders believe these critical issues could be addressed. Key stakeholders recommended education in a number of areas. Many stakeholders believe people would benefit from education related to health insurance. There is also a great need for more education related to drug and alcohol abuse considering this was identified as one of the top issues by over 50 percent of respondents. Stakeholders recommended this education begin in schools, and additional outreach programs could be added throughout the community.

The aging population of the community is another top concern for many stakeholders. The overwhelming recommendation to meet this need is increasing specialized service providers. Treating the elderly presents unique challenges. Patients can become isolated for a variety of reasons. Securing access to reliable transportation can be difficult for the aging population, which can be a barrier to receiving treatment when specialists are dispersed through the region. Due to the chronic health issues they face, finding specialists that can help them develop a comprehensive health plan is a top priority.

Another theme many key stakeholders noted is collaboration throughout the community. Multiple stakeholders mentioned joining agencies together to help educate and build the community. Collaboration may provide more access to health care by sharing resources and knowledge.

Key Stakeholder Interview Results

YRMC staff conducted two personal interviews in conjunction with the CHNA process. The first interview was with Leslie Horton, Director of Yavapai County Community Health Services (YCCHS). The other interview was with several representatives from the Yavapai Prescott Indian Tribe which is located within the service area covered by YRMC.

YCCHS facilitates collaborative efforts throughout the County by coordinating the Community Health Improvement Partnership (CHIP). The expanse of Yavapai County is such that there are two segments for CHIP: one located in Cottonwood for the eastern portion of the county and the other located in Prescott for the western portion of the county. YRMC participates in the CHIP meetings in Prescott.

Ms. Horton, Director of YCCHS, discussed an in-depth perspective of health in our region. She recognizes that YRMC purchases Naloxone for local law enforcement agencies, we provide referral resources for patients seeking assistance with drug or alcohol dependency and our providers work with patients who manage chronic pain in an effort to reduce opioid use.

Mental health continues to be an area of concern for our region and although we've had some progress, there remains much work to be done. Suicide continues to be a major issue for the area which is consistent with findings in past CHNAs.

Transportation continues to be a barrier for many people and obesity, especially childhood obesity, is of concern as well. Our rapidly-expanding population is dealing with Alzheimers' Disease at an increasing rate and heart disease is also a growing concern.

Ms. Horton also mentioned that vaccination rates for western Yavapai County are of concern. Incidentally, YRMC's Partners for Healthy Students Program (PHS) works in collaboration with YCCHS to provide free vaccinations for schoolchildren and their younger siblings. PHS is a free primary care program for school aged children and their young siblings. It's staffed by pediatric nurse practitioners and has a pediatrician as medical director.

The other personal interview conducted by YRMC staff was with six representatives of the Yavapai Prescott Indian Tribe (YPIT) including Linda Ogo, Culture Research Department Director. This dialogue was also very informative and, among other things, we discussed YPIT's wellness programs. The variety of programs offered by the Tribe is very impressive. YRMC has worked with the Tribe regarding diabetes education and we are happy to provide speakers for any of their wellness programs and activities.

There was discussion regarding some glitches with Tribal members and the Benefits staff having challenges identifying the appropriate contact person(s) at YRMC to answer questions and to maintain a consistent dialog to minimize the need to start over with a different YRMC Patient Financial Services staff member. YRMC is remedying that situation for your Tribal neighbors and their Benefits staff.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (See *Appendix C*), the Medical Center's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 32*.

| Exhibit 32 | | | | |
|--|-------------------|-------------------|-------------------|---------------|
| Yavapai Regional Medical Center | | | | |
| Zip Codes with Highest Community Need Index | | | | |
| Zip Code | CNI Score* | Population | City | County |
| 86314 | 4.0 | 37,060 | Prescott Valley | Yavapai |
| 86320 | 4.0 | 1,090 | Ash Fork | Yavapai |
| 86322 | 3.8 | 12,170 | Camp Verde | Yavapai |
| 86326 | 3.8 | 23,593 | Cottonwood | Yavapai |
| 86333 | 3.8 | 6,406 | Mayer | Yavapai |
| 86334 | 3.8 | 5,397 | Paulden | Yavapai |
| 85324 | 3.4 | 3,444 | Black Canyon City | Yavapai |
| 86332 | 3.4 | 3,015 | Kirkland | Yavapai |
| 86335 | 3.4 | 5,653 | Rimrock | Yavapai |
| 86331 | 3.2 | 616 | Jerome | Yavapai |
| 86301 | 3.0 | 22,137 | Prescott | Yavapai |
| 86303 | 3.0 | 17,753 | Prescott | Yavapai |

* Scale of 1 (Lowest Need) to 5 (Highest Need)
Source: Dignity Health Community Need Index

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Medical Center; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Medical Center completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Medical Center's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Medical Center CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared by Yavapai County. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5.

1. How many people are affected by the issue or size of the issue?

For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized:

- i. >25% of the community = 5
- ii. >15% and <25% = 4
- iii. >10% and <15% = 3
- iv. >5% and <10% = 2
- v. <5% = 1

2. What are the consequences of not addressing this problem?

Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.

3. What is the impact on vulnerable populations?

The rating for this factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.

4. Prevalence of common themes.

The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Medical Centerization, Health Outcomes and Factors and Primary Data) identified the need.

Each need was ranked based on the four prioritization metrics. As a result, the following summary list of needs was identified:



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Exhibit 33
Yavapai Regional Medical Center
Ranking of Community Health Needs

| Health Problem | How many people are affected by the issue? | What are the consequences of not addressing this problem? | What is the impact on vulnerable populations? | Prevalence of common themes | Total Score |
|---|--|---|---|-----------------------------|-------------|
| Healthy Behaviors/Lifestyle Changes | 5 | 5 | 5 | 3 | 18 |
| Lack of Primary Care Physicians | 4 | 5 | 5 | 3 | 17 |
| Transportation, Especially in Rural Areas | 4 | 3 | 5 | 5 | 17 |
| Aging Population | 4 | 3 | 5 | 5 | 17 |
| Lack of Health Knowledge | 4 | 4 | 5 | 3 | 16 |
| Physical Inactivity | 4 | 5 | 4 | 3 | 16 |
| High Cost of Health Care | 4 | 4 | 5 | 3 | 16 |
| Lack of Mental Health Providers | 3 | 4 | 5 | 3 | 15 |
| Poverty/Children in Poverty/Lack of Financial Resources | 3 | 4 | 4 | 3 | 14 |
| Uninsured | 3 | 4 | 3 | 3 | 13 |
| Limited Access to Healthy Foods | 3 | 3 | 3 | 3 | 12 |
| Adult Obesity | 3 | 4 | 2 | 1 | 10 |
| Children in Single-Parent Households | 3 | 2 | 1 | 3 | 9 |
| Adult Smoking | 3 | 3 | 1 | 1 | 8 |
| Lung Disease | 2 | 3 | 1 | 1 | 7 |
| Lack of Agency Collaboration | 3 | 2 | 1 | 1 | 7 |
| Unintentional Injury | 1 | 2 | 1 | 3 | 7 |
| Sexually Transmitted Infections | 1 | 2 | 1 | 3 | 7 |
| Poor Dental Health | 2 | 2 | 1 | 1 | 6 |
| Adult Asthma | 2 | 2 | 1 | 1 | 6 |
| Alcohol Impaired Driving Deaths | 2 | 2 | 1 | 1 | 6 |
| Teen Birth Rate | 1 | 2 | 1 | 1 | 5 |
| Pre-term births/Low birth weight | 1 | 2 | 1 | 1 | 5 |
| Violent Crime Rate | 1 | 2 | 1 | 1 | 5 |

Management's Prioritization Process

For the health needs prioritization process, the Medical Center engaged a leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 33* using the following criteria:

- ✓ Current area of Medical Center focus.
- ✓ Established relationships with community partners to address the health need.
- ✓ Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 13 or more (out of a possible 20) was identified as a priority area that would be addressed through Yavapai Regional Medical Center's Implementation Strategy for fiscal year 2020 through 2022. These include:

- ✓ Healthy Behaviors/Lifestyle Changes
- ✓ Lack of Primary Care Physicians
- ✓ Transportation, Especially in Rural Areas
- ✓ Aging Population
- ✓ Lack of Health Knowledge
- ✓ Physical Inactivity
- ✓ High Cost of Health Care
- ✓ Lack of Mental Health Providers
- ✓ Poverty/Children in Poverty/Lack of Financial Resources
- ✓ Uninsured

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals and Health Centers

The Medical Center has 206 beds. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 34 summarizes acute care hospital services available:

| Exhibit 34 Yavapai Regional Medical Center Summary of Acute Care Hospitals | | | |
|---|---|--------------------------------------|---|
| Facility | Yavapai Regional Medical Center | Yavapai Regional Medical Center-East | Verde Valley Medical Center |
| Address | 1003 Willow Creak Road Prescott, AZ 86301-1168 | 7700 East Florentine Road | 269 South Candy Lane Cottonwood, AZ 86326-4170 |
| County | Yavapai | Yavapai | Yavapai |
| Miles from Prescott, AZ | 1.6 | 8.5 | 28.3 |
| Beds* | 206 | 56 | 93 |
| Facility Type | Short Term Acute Care | Short Term Acute Care | Short Term Acute Care |
| * Includes subprovider beds, excludes skilled nursing facility beds Source: US Hospital Finder - http://www.ushospitalfinder.com/ | | | |

Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Medical Center's community. *Exhibit 35* provides a listing of community health centers and rural health clinics within the Medical Center's community.

| Exhibit 35 Yavapai Regional Medical Center Summary of Other Health Care Facilities | | | |
|--|--|---------------|-------------------------|
| Facility | Address | County | Facility Type |
| Prescott | 1090 Commerce Dr. Prescott, AZ 86305-3700 | Yavapai | Community Health Center |
| Prescott Valley | 3212 N Windsong Dr. Prescott Valley, AZ 86314-2255 | Yavapai | Community Health Center |
| Cottonwood | 51 S Brian Mickelsen Pkwy Cottonwood, AZ 86326-3610 | Yavapai | Community Health Center |
| * Primary Health Network | | | |
| Source: Find A Health Center - https://www.findahealthcenter.hrsa.gov/ | | | |

Health Departments

Yavapai County Community Health Services offers a variety of amenities to the residents of Yavapai County and has three locations – Prescott, Prescott Valley and Cottonwood.

The Health Services Department offers numerous public health services including: vital records, preparedness and response, environmental health, nutrition services, immunizations, health education, disease prevention and primary care.

Yavapai County Community Health Services is also offering free one-on-one enrollment assistance meetings to anyone living in Yavapai County that doesn't currently have insurance, is not happy with the health insurance coverage they have or just wants to know more about how the new *Healthcare Reform Act* and if the *Affordable Care Act* will affect them personally.

APPENDICES

APPENDIX A
ANALYSIS OF DATA



| Yavapai Regional Medical Center Analysis of CHNA Data <i>Analysis of Health Status-Leading Causes of Death (2018)</i> | | | | | |
|---|------------------------|------------------------|--------------------------------|---|--|
| | U.S. Crude Rates | Arizona Crude Rates | (A) County Crude Rate | (B) 10% Increase of Arizona Crude Rate | If County Rate is Greater Than 10% over Arizona Rate, (A) > (B), then "Health Need" |
| Yavapai County | | | | | |
| Heart Disease | 194.2 | 165.3 | 270.4 | 181.8 | Health Need |
| Cancer | 185.3 | 170.9 | 297.7 | 188.0 | Health Need |
| Ischaemic Heart Disease | 115.3 | 110.6 | 177.1 | 121.7 | Health Need |
| Lung Disease | 47.0 | 51.8 | 105.7 | 57.0 | Health Need |
| Stroke | 42.2 | 34.6 | 61.3 | 38.1 | Health Need |

The crude rate is shown per 100,000 residents. Refer to Exhibit 20 for more information

| Yavapai Regional Medical Center Analysis of CHNA Data <i>Analysis of Health Outcomes and Factors (2018)</i> | | | | | |
|---|------------------------|------------------------|--------------------------------|---|--|
| | U.S. Crude Rates | Arizona Crude Rates | (A) County Crude Rate | (B) 10% Increase of Arizona Crude Rate | If County Rate is Greater Than 10% over Arizona Rate, (A) > (B), then "Health Need" |
| Yavapai County | | | | | |
| Adult Smoking | 14.0% | 15.0% | 15.0% | 16.5% | |
| Adult Obesity | 26.0% | 27.0% | 23.0% | 29.7% | |
| Food Environment Index^ | 8.6 | 6.4 | 6.6 | 7.0 | Health Need |
| Physical Inactivity | 20.0% | 20.0% | 22.0% | 22.0% | |
| Access to Exercise Opportunities^ | 91.0% | 86.0% | 88.0% | 94.6% | Health Need |
| Excessive Drinking | 13.0% | 17.0% | 16.0% | 18.7% | |
| Alcohol-Impaired Driving Deaths | 13.0% | 27.0% | 21.0% | 29.7% | |
| Sexually Transmitted Infections | 145 | 481 | 200 | 529 | |
| Teen Birth Rate | 15 | 33 | 31 | 36 | |
| Uninsured | 6.0% | 13.0% | 13.0% | 14.3% | |
| Primary Care Physicians | 1,030 | 1,520 | 1,680 | 1,672 | Health Need |
| Dentists | 1,280 | 1,660 | 1,600 | 1,826 | |
| Mental Health Providers | 330 | 820 | 600 | 902 | |
| Preventable Hospital Stays | 35 | 36 | 23 | 40 | |
| Diabetic Screen Rate^ | 91.0% | 80.0% | 83.0% | 88.0% | Health Need |
| Mammography Screening^ | 71.0% | 64.0% | 66.0% | 70.4% | Health Need |
| Children in Poverty | 12% | 24% | 20% | 26% | |
| Children in Single-Parent Households | 20.0% | 36.0% | 31.0% | 39.6% | |
| Violent Crime Rate | 62 | 415 | 289 | 457 | |

^ Opposite Indicator signifying that lower amount is unfavorable rate

APPENDIX B

SOURCES



| DATA TYPE | SOURCE | YEAR(S) |
|--|---|-------------|
| Discharges by Zip Code | Health Dimensions Group; <i>Market Snapshot Analysis Report, 2019</i> | 2019 |
| Community Details: Population & Demographics | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2017 |
| Community Details: Urban/Rural Population | U.S. Census Bureau, 2010 Census http://factfinder.census.gov | 2010 |
| Socioeconomic Characteristics: Income | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2017 |
| Socioeconomic Characteristics: Employment by Major Industry | US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm | 2017 |
| Socioeconomic Characteristics: Unemployment | Community Commons via US Department of Labor, Bureau of Labor Statistics http://www.communitycommons.org/ | 2018 |
| Socioeconomic Characteristics: Poverty | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2017 |
| Socioeconomic Characteristics: Uninsured | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2017 |
| Socioeconomic Characteristics: Medicaid | Community Commons via U.S. Census Bureau, American Community Survey http://www.communitycommons.org/ | 2012 - 2016 |
| Socioeconomic Characteristics: Education | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2012 - 2016 |
| Physical Environment: Grocery Store Access | U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/ | 2016 |
| Physical Environment: Food Access/Food Deserts | Community Commons via US Department of Agriculture http://www.communitycommons.org/ | 2015 |
| Physical Environment: Recreation/Fitness Access | Community Commons via U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/ | 2016 |
| Physical Environment: Physical Inactivity | Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/ | 2013 |
| Clinical Care: Access to Primary Care | Community Commons via US Department of Health & Human Services http://www.communitycommons.org/ | 2014 |
| Clinical Care: Lack of Source to Primary Care | Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/ | 2011 - 2012 |
| Clinical Care: Professional Shortage Area | Community Commons via US Department of Health & Human Services http://www.communitycommons.org/ | 2016 |
| Critical Care: Preventable Hospital Events | Community Commons via Dartmouth College Institute for Health Policy http://www.communitycommons.org/ | 2014 |
| Leading Causes of Death | Community Commons via Centers for Disease Control and Prevention http://www.communitycommons.org/ | 2012-2016 |
| Health Outcomes and Factors | County Health Rankings http://www.countyhealthrankings.org/ | 2015 & 2018 |
| Health Outcome Details | Community Commons http://www.communitycommons.org/ | 2006 - 2013 |
| Zip Codes with Highest CNI | Dignity Health Community Needs Index http://cni.chw-interactive.org/ | 2018 |
| Health Care Resources: Hospitals | US Hospital Finder http://www.ushospitalfinder.com/ | 2018 |
| Health Care Resources: Hospitals Cost Reports | Cost Report Data https://www.costreportdata.com/ | 2018 |
| Health Care Resources: Community Health Centers | Find A Health Center https://www.findahealthcenter.hrsa.gov/ | 2018 |

APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT

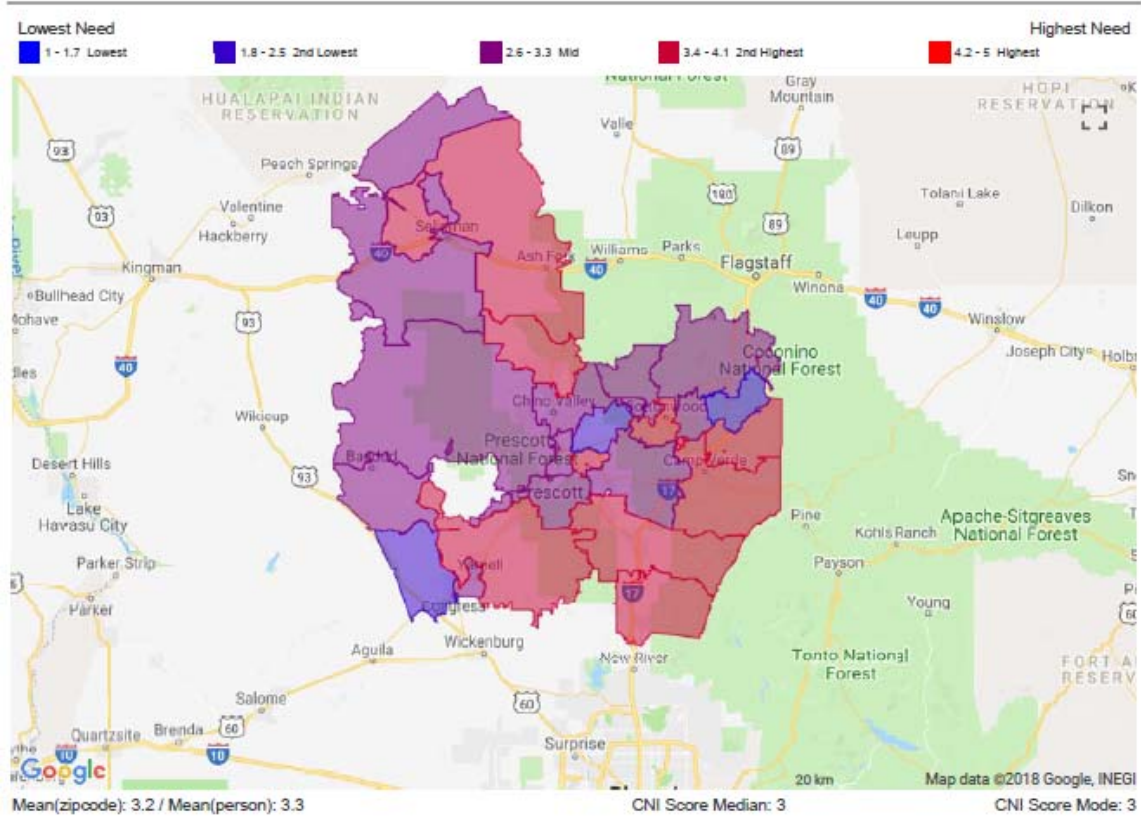


YAVAPAI REGIONAL MEDICAL CENTER

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Community Health Needs Assessment 2019

Yavapai County



| Zip Code | CNI Score | Population | City | County | State |
|----------|-----------|------------|-------------------|---------|---------|
| 85324 | 3.4 | 3444 | Black Canyon City | Yavapai | Arizona |
| 85332 | 2.4 | 2312 | Congress | Yavapai | Arizona |
| 85362 | 2.8 | 50 | Yarnell | Yavapai | Arizona |
| 86301 | 3 | 22137 | Prescott | Yavapai | Arizona |
| 86303 | 3 | 17753 | Prescott | Yavapai | Arizona |
| 86305 | 2.6 | 20299 | Prescott | Yavapai | Arizona |
| 86314 | 4 | 37060 | Prescott Valley | Yavapai | Arizona |
| 86315 | 2.2 | 8693 | Prescott Valley | Yavapai | Arizona |
| 86320 | 4 | 1090 | Ash Fork | Yavapai | Arizona |
| 86321 | 3 | 2002 | Bagdad | Yavapai | Arizona |
| 86322 | 3.8 | 12170 | Camp Verde | Yavapai | Arizona |
| 86323 | 3 | 18316 | Chino Valley | Yavapai | Arizona |
| 86324 | 3 | 5466 | Clarkdale | Yavapai | Arizona |
| 86325 | 2.8 | 5694 | Comville | Yavapai | Arizona |
| 86326 | 3.8 | 23593 | Cottonwood | Yavapai | Arizona |
| 86327 | 3 | 11687 | Dewey | Yavapai | Arizona |
| 86331 | 3.2 | 616 | Jerome | Yavapai | Arizona |
| 86332 | 3.4 | 3015 | Kirkland | Yavapai | Arizona |
| 86333 | 3.8 | 6406 | Mayer | Yavapai | Arizona |
| 86334 | 3.8 | 5397 | Paulden | Yavapai | Arizona |
| 86335 | 3.4 | 5653 | Rimrock | Yavapai | Arizona |
| 86336 | 3 | 11703 | Sedona | Yavapai | Arizona |
| 86337 | 3 | 1501 | Seligman | Yavapai | Arizona |
| 86351 | 2.4 | 6671 | Sedona | Yavapai | Arizona |

APPENDIX D
KEY STAKEHOLDER SURVEY PROTOCOL

Key Stakeholder Survey

Yavapai Regional Medical Center is gathering information as part of developing a plan to improve health and quality of life in the community it serves. Community input is essential to this process. This survey is being used to engage community members. You have been selected to complete the survey below because of your knowledge, insight, and familiarity with the community (including vulnerable populations) and the services provided by Yavapai Regional Medical Center. The survey consists of 9 questions. Some of the following survey questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers. The themes that emerge from these questions will be summarized and made available to the public; however, your identity will be kept strictly confidential.

In general, how would you rate the health and quality of life in Yavapai County?

1. Very Good
2. Average
3. Below Average
4. Poor

In your opinion has the health and quality of life in Yavapai County improved, declined, or stayed the same over the past few years? Please provide what factors influence your answer and describe why you feel it has improved, declined or stayed the same.

What are the most significant barriers to addressing health issues in Yavapai County?

Are there populations of people in Yavapai County whose health or quality of life may not be as good as others? If yes, in your opinion, who are these persons or groups?

Please explain why the populations identified in the previous question have lower health and quality of life? Also, provide input as to what assistance is needed to assist these individuals.

In your opinion, what are the three most important health and quality of life issues in Yavapai County? Please mark three.

1. Aging Population, such as Alzheimer's disease, hearing loss, memory loss or arthritis
2. Alcohol/Drugs
3. Allergies
4. Cancers
5. Child Abuse/Neglect
6. Dental Health
7. Dropping Out of High School
8. Diabetes
9. Environmental Pollution
10. Heart Disease and Stroke
11. High Blood Pressure



12. Infant Mortality
13. Mental Health Issues
14. Not Seeing Doctor for Routine Checkups
15. Obesity
16. Physical Inactivity
17. Respiratory/Lung Disease
18. Sexually Transmitted Diseases
19. Suicide
20. Teenage Pregnancy
21. Tobacco Use
22. Unhealthy Eating/Food Insecurity
23. Other _____

What needs to be done to address the critical health and quality of life issues identified in the previous question?

In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)?

1. Lack of Health Insurance
2. Inability to afford co-pays and/or deductibles
3. Transportation
4. Physicians refuse to take insurance or Medicaid
5. People don't know how to find a doctor.
6. Fear
7. Too long to wait for an appointment
8. Inconvenient hours/locations
9. Other

What is the most important issue that Yavapai Regional Medical Center should address in the next 3-5 years to help improve the health of the community? Also, please describe what Yavapai Regional Medical Center can do to better serve the health and wellness needs of the community, including improving access to health services.

Community Health Needs Assessment

June 2023



Dignity Health®

Yavapai Regional Medical Center



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Executive Summary

CHNA Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health Yavapai Regional Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

The Medical Center engaged FORVIS to conduct this community health needs assessment. FORVIS, formerly BKD, is a top ten international professional services firm. FORVIS serves more than 1,000 hospitals and health care systems across the nation.

Community Definition

Dignity Health YRMC's service area comprises 5,500 square miles in western Yavapai County. The largest population areas are Prescott, Prescott Valley, Chino Valley, and Dewey-Humboldt. Yavapai County covers a vast area of 8,125 square miles and according to the county's website, is larger than Connecticut, Delaware, Rhode Island and New Jersey. Because of long distances and mountain ranges separating communities, transportation continues to be a significant challenge for some residents.

The Medical Center's service area demographics include a predominant retirement community. Nearly one-third (31%) of the county's population is composed of people over the age of 65. The surrounding areas also include many retirees, but with a greater mix of younger families. The most common occupations are low-paying service and support jobs such as food, retail, and tourism. This often translates into challenges for professionals to find good paying jobs in their choice of careers. The local service-based economy also means there is a predominance of minimum wage earners in non-benefited work which contributes to an underserved population due to financial limitations.

Assessment Process and Methods

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2019.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.
- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment conducted in fiscal year 2023. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.

Process and Criteria to Identify and Prioritize Significant Health Needs

For the health needs prioritization process, the Medical Center engaged a leadership team to review the most significant health needs. The criteria included a review of the prior CHNA, the current focus on the Medical Center, established relationships with community partners to address, organizational capacity and existing infrastructure to address health needs.

Report Adoption and Availability

This CHNA report was adopted by the Dignity Health Yavapai Regional Medical Center community board on June 26, 2023. The report is widely available to the public on the Medical Center's web site (www.yrmc.org), and a paper copy is available for inspection upon request at their office at 7700 Florentine Rd, Prescott Valley, AZ 86314. Written comments on this report can be submitted to the Medical Center's office.

Summary of Patients in Yavapai County

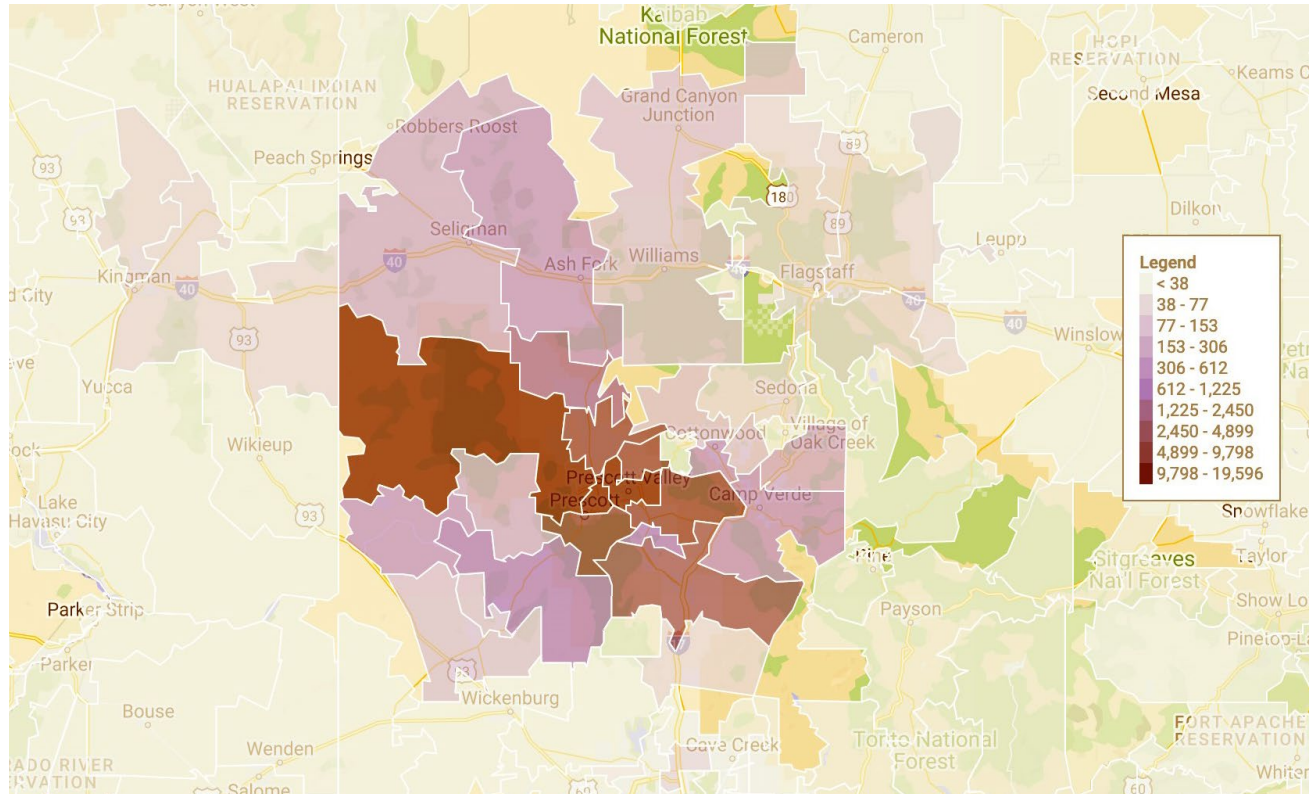
The CHNA will utilize data and input from the county to analyze the health needs of the community. Data for the zip codes within Yavapai County will be assessed as well.

During FY2022, the Medical Center reported a total of 86,962 (Acute/Hospital only) unique patients. Of those patients, 93.87% resided within Yavapai County zip codes. The table below represents the zip codes with total county population and percent of patients.

| Acute/Hospital Patients in Yavapai County Zip Codes | | | | | | |
|---|-----------------------|-------------------------|--|----------|-----------------------|-------------------------|
| Zip Code | Total County Patients | Percent of County Total | | Zip Code | Total County Patients | Percent of County Total |
| 86314 | 18,882 | 23.13 | | 86320 | 404 | 0.49 |
| 86301 | 13,061 | 15.99 | | 86302 | 389 | 0.47 |
| 86305 | 10,058 | 12.32 | | 86322 | 389 | 0.47 |
| 86323 | 9028 | 11.05 | | 86338 | 226 | 0.27 |
| 86303 | 8503 | 10.41 | | 86337 | 186 | 0.22 |
| 86327 | 5925 | 7.25 | | 85362 | 126 | 0.15 |
| 86315 | 5403 | 6.61 | | 86324 | 117 | 0.14 |
| 86333 | 2538 | 3.10 | | 86335 | 110 | 0.13 |
| 86334 | 2276 | 2.78 | | 86325 | 90 | 0.11 |
| 86312 | 714 | 0.87 | | 85332 | 77 | 0.09 |
| 86332 | 689 | 0.84 | | 86351 | 60 | 0.07 |
| 86329 | 637 | 0.78 | | 86336 | 55 | 0.06 |
| 86321 | 515 | 0.63 | | 85324 | 53 | 0.06 |
| 86326 | 411 | 0.50 | | | | |

Source: Dignity Health Yavapai Regional Medical Center FY2022

The following map geographically illustrates Dignity Healthy Yavapai Regional Medical Center's community shaded by the number of FY2022 Acute/Hospital patients.



Source: Dignity Health Yavapai Regional Medical Center

The table below lists all zip codes within the community definition (P.O. boxes not included).

| | | | | |
|-------|-------|-------|-------|-------|
| 85320 | 86302 | 86321 | 86330 | 86338 |
| 85324 | 86303 | 86322 | 86331 | 86340 |
| 85332 | 86305 | 86323 | 86332 | 86341 |
| 85342 | 86312 | 86324 | 86333 | 86342 |
| 85362 | 86313 | 86325 | 86334 | 86343 |
| 85390 | 86314 | 86326 | 86335 | 86351 |
| 85544 | 86315 | 86327 | 86336 | 86434 |
| 86301 | 86320 | 86329 | 86337 | |

Source: <https://www.unitedstateszipcodes.org/>

Summary of 2023 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by Dignity Healthy Yavapai Regional Medical Center. These needs have been prioritized based on information gathered through the community health needs assessment.

Significant Identified Health Needs

- Shortage of Primary Care Physicians
- Lack of Mental Health Providers/Resources
- High Cost of Health Care
- Lack of Health Knowledge/Education
- Poverty/Inadequate Financial Resources
- Poor Health Behaviors/Lifestyle
- Substance Abuse

These identified community health needs are discussed in greater detail later in this report.

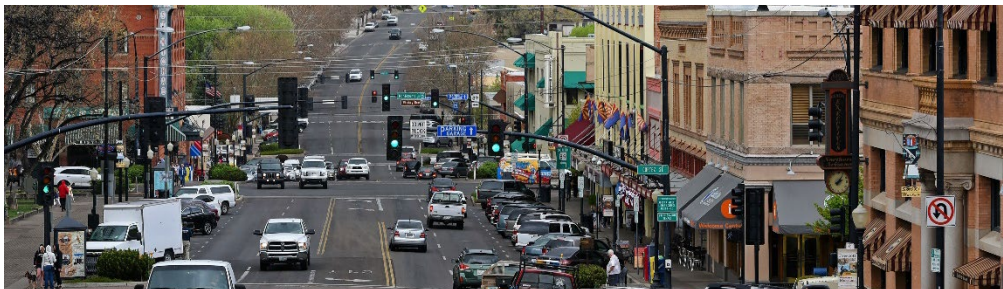
Community Served by the Medical Center

Dignity Health YRMC has two medical centers in Yavapai County. As a regional medical center facility, the Medical Center serves residents in and around Yavapai County.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing the Medical Center services reside. While the CHNA considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges, management has identified Yavapai County as the defined CHNA community. The CHNA will utilize data and input from this county, as well as the top five cities within Yavapai County, to analyze health needs for the community.



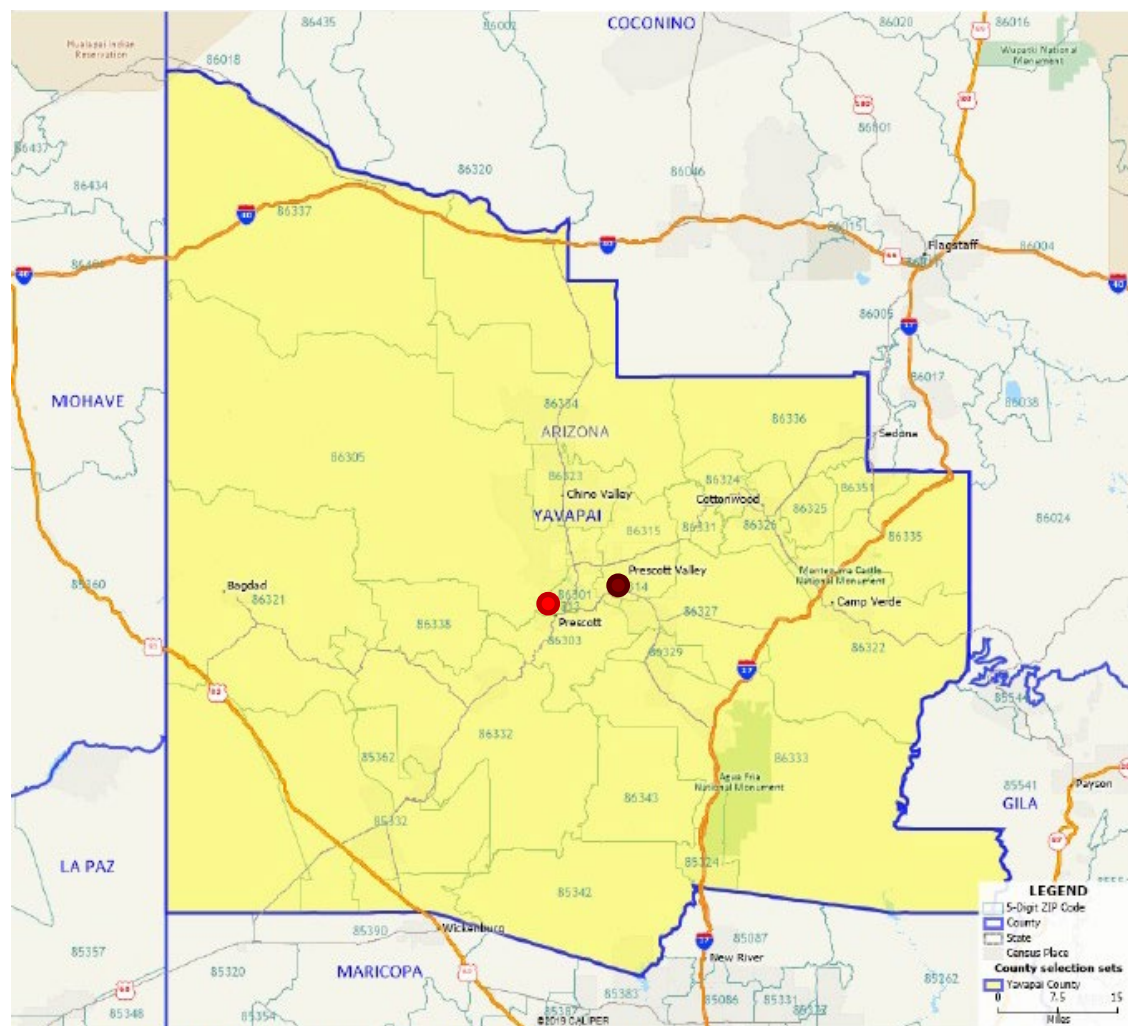
2016 The Daily Courier/Matt Hinshaw

Community Details

Identification and Description of Geographical Community

The geographic area of the defined community, based on the identified zip codes, includes Yavapai County. The following image geographically illustrates the Medical Center's community. As shown on the following map, Dignity Healthy YRMC hospital facilities are centrally located in Yavapai County. Dignity Healthy YRMC-East is represented with a maroon target symbol and Dignity Healthy YRMC - West is represented with a red target symbol.

The map below displays the Medical Center's geographic relationship to the community, as well as significant road and highways.



Source: Caliper's Maptitude 2019 and Health Dimensions Group analysis

Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey. The following tables and chart show the total population within the community, including a breakout between male and female population, age, race/ethnicity and Hispanic population.

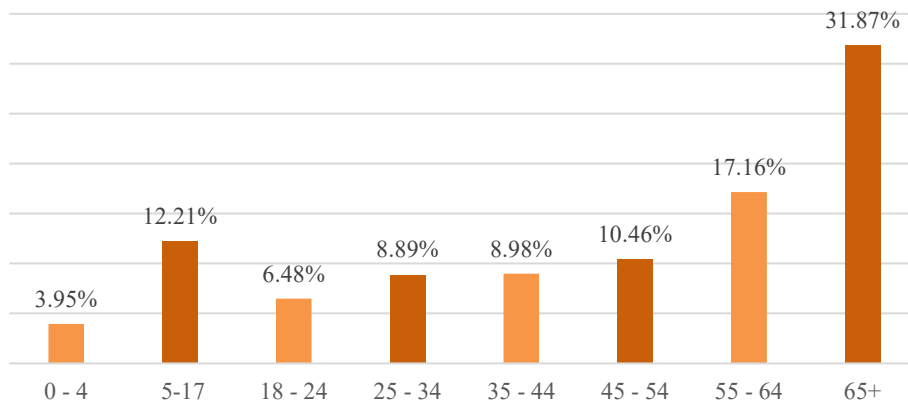
| Demographic Characteristics | | | | |
|-----------------------------|-------------|----------------------|-------|--------|
| Total Population | | Population by Gender | | |
| Area | Population | Area | Male | Female |
| Yavapai County | 233,789 | Yavapai County | 49.1% | 50.8% |
| Arizona | 7,079,203 | Arizona | 49.9% | 50.0% |
| United States | 329,725,481 | United States | 49.5% | 50.5% |

Source: US Census Bureau, American Community Survey. 2017-21.

| Age Distribution | | | | | | |
|------------------|----------------|------------|-----------|------------|---------------|------------|
| Age Group | Yavapai County | % of Total | Arizona | % of Total | United States | % of Total |
| 0 - 4 | 9,242 | 3.95% | 412,606 | 5.83% | 19,423,121 | 5.89% |
| 5 - 17 | 28,539 | 12.21% | 1,201,829 | 16.98% | 54,810,954 | 16.62% |
| 18 - 24 | 15,153 | 6.48% | 672,761 | 9.50% | 30,339,089 | 9.20% |
| 25 - 34 | 20,785 | 8.89% | 966,670 | 13.66% | 45,360,942 | 13.76% |
| 35 - 44 | 21,002 | 8.98% | 882,914 | 12.47% | 42,441,883 | 12.87% |
| 45 - 54 | 24,446 | 10.46% | 838,963 | 11.85% | 41,631,458 | 12.63% |
| 55 - 64 | 40,110 | 17.16% | 859,601 | 12.14% | 42,829,413 | 12.99% |
| 65+ | 74,512 | 31.87% | 1,243,859 | 17.57% | 52,888,621 | 16.04% |

Source: US Census Bureau, American Community Survey. 2017-21.

Yavapai County Age Distribution



Source: US Census Bureau, American Community Survey. 2017-21.

| Population Age 65+ | | |
|--------------------|--------------------|-----------------|
| Area | Population Age 65+ | Percent Age 65+ |
| Yavapai County | 74,512 | 31.87% |
| Arizona | 1,243,859 | 17.57% |
| United States | 52,888,621 | 16.04% |

Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract

The community comprises a much higher percentage of seniors compared to the state and national percentages. The percentage of persons 65 years of age and older in Yavapai County is nearly twice that of Arizona and the United States.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories of race such as: White, Black, Asian, other and multiple races. Whites (Non-Hispanic) make up 86.75% of the community. Another significant group within Yavapai County is the Native American population. There are three primary groups of the Yavapai Native American tribe, two of which are located within Yavapai County.

The table below provides details of Yavapai County's total population by race.

| Total Population by Race Alone | | | | | | | |
|--------------------------------|--------|--------|-------|----------------------------------|-------------------------------------|-----------------|----------------|
| Area | White | Black | Asian | Native American or Alaska Native | Native Hawaiian or Pacific Islander | Some Other Race | Multiple Races |
| Yavapai County | 86.75% | 0.65% | 1.12% | 1.26% | 0.08% | 4.10% | 6.04% |
| Arizona | 70.43% | 4.50% | 3.31% | 4.25% | 0.20% | 6.93% | 10.38% |
| United States | 68.17% | 12.55% | 5.70% | 0.83% | 0.19% | 5.58% | 6.99% |

Source: US Census Bureau, American Community Survey. 2017-21.

The following table shows the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

Yavapai County's percent of rural residents is much higher than state and national percentages. Rural residents often face transportation challenges which can influence access to care. They are also more susceptible to social isolation.

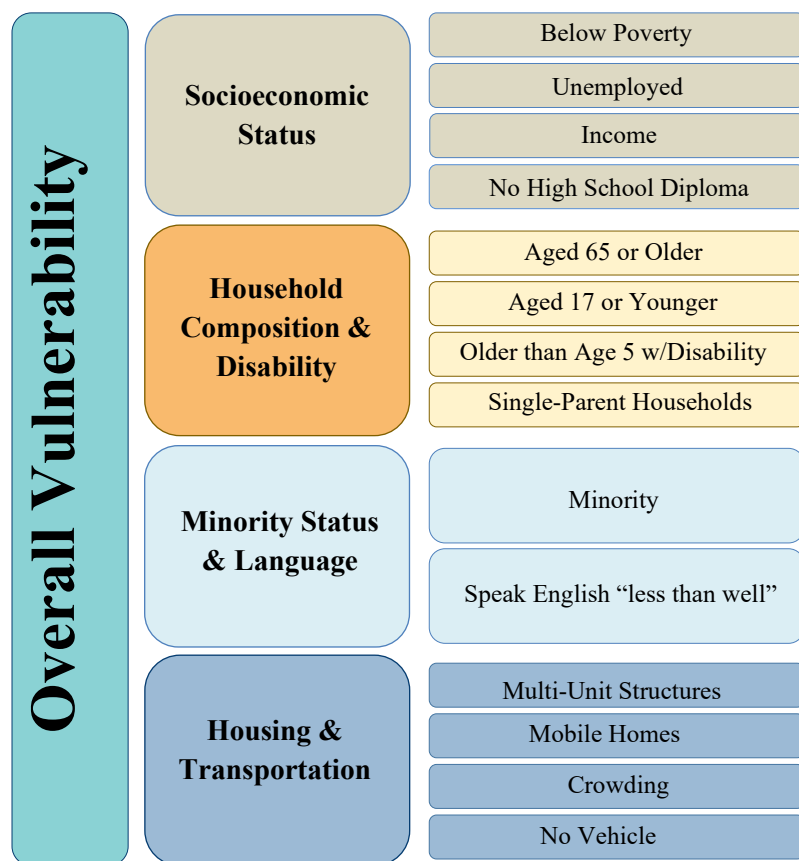
| Total Population by Urban and Rural | | | | |
|-------------------------------------|-------------|---------------|-------------|---------------|
| Area | Total Urban | Percent Urban | Total Rural | Percent Rural |
| Yavapai County | 140,976 | 66.80% | 70,057 | 33.20% |
| Arizona | 5,740,659 | 89.81% | 651,358 | 10.19% |
| United States | 252,746,527 | 80.89% | 59,724,800 | 19.11% |

Source: US Census Bureau, American Community Survey. 2017-21.

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

Social Vulnerability Index

The CDC has developed the Social Vulnerability Index (SVI). This helps public health officials identify and meet the needs of socially vulnerable populations.



Possible SVI scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Yavapai County has a moderate to high level of vulnerability, lower than all other surrounding counties. The following table displays the SVI scores for Yavapai County and nearby counties.

| County | SVI Score | Level of Vulnerability |
|----------|-----------|---|
| Coconino | 0.8132 | High level of vulnerability |
| Gila | 0.7629 | High level of vulnerability |
| Maricopa | 0.6534 | Moderate to high level of vulnerability |
| Mohave | 0.8071 | High level of vulnerability |
| La Paz | 0.9099 | High level of vulnerability |
| Yavapai | 0.6143 | Moderate to high level of vulnerability |

Source: https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

Income and Employment

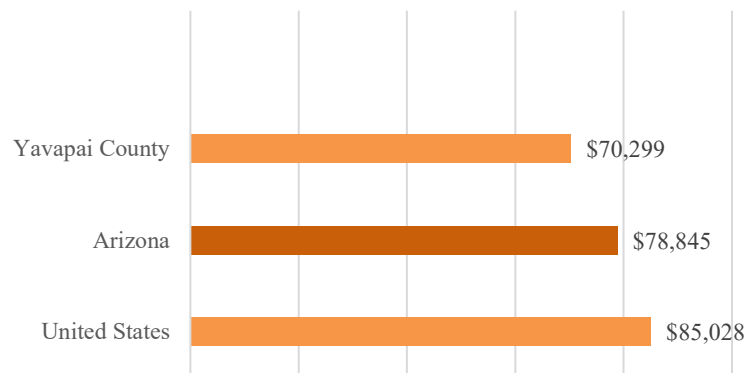
Median household income is defined as the income level earned by a household within a specific geographic area. It is the exact middle income earned, with half earning more and half earning less. This is considered an accurate measure for summarizing income of a region as compared to household income since it is not swayed by a small percentage of very high or very low outliers.

Average household income is defined as the total gross income before taxes, received within a 12-month period by all members of a household that are 15 years and older. It includes—but is not limited to—wage, salary, and self-employment earnings; Social Security, pension, and other retirement income; invest income; welfare payments; and income from other sources.

The table and graph below display the average and median household income for Yavapai County, the state of Arizona and the nation. The average family income in Yavapai County is \$88,611, 13.9% below the average for the state of Arizona and 22.3% below the United States average.

| Household Income | | | |
|------------------|-------------------------|-----------------------|----------------------|
| Area | Total Family Households | Average Family Income | Median Family Income |
| Yavapai County | 63,431 | \$88,611 | \$70,299 |
| Arizona | 1,747,769 | \$103,006 | \$78,845 |
| United States | 80,755,759 | \$114,099 | \$85,028 |

Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract



Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract

Yavapai County is supported by major industries including health care, retail trade and education. The table below reports labor data as of May 2022. From 2019 to 2020, employment in Yavapai County grew at a rate of 2.38%, expanding from 88,000 employees to 90,100 employees. The most common employment sectors for those living in Yavapai County are Healthcare & Social Assistance, Retail Trade, and Accommodation & Food Services.

| Employment by Industries | |
|---|-------|
| Healthcare and Social Assistance | 14.5% |
| Retail Trade | 14.1% |
| Accommodation & Food Services | 9.08% |
| Construction | 9.04% |
| Educational Services | 8.91% |
| Other Services, not Public Administration | 6.70% |
| Manufacturing | 5.21% |
| Professional Administration | 5.16% |
| Waste Management Services & Support | 5.08% |
| Professional, Scientific, & Technical | 5.00% |
| Transportation & Warehousing | 3.01% |
| Finance & Insurance | 2.89% |

Source: US Census Bureau, via https://datausa.io/profile/geo/yavapai-county-az#employment_by_industries

Employment - Unemployment Rate

The indicators below present the most recent unemployment rates and the 10-year average annual resident unemployment rate from 2011 to 2021 for Yavapai County (civilian non-institutionalized population age 16 and older). These are relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

| Employment - Unemployment Rate | | | | |
|--------------------------------|-------------|-----------------|-------------------|-------------------|
| Area | Labor Force | Number Employed | Number Unemployed | Unemployment Rate |
| Yavapai County | 109,004 | 106,045 | 2,959 | 2.7% |
| Arizona | 3,642,051 | 3,524,959 | 117,092 | 3.2% |
| United States | 165,456,929 | 160,031,490 | 5,425,440 | 3.3% |

Source: US Department of Labor, Bureau of Labor Statistics. 2022 - December. Source geography: County

| Average Annual Unemployment Rate Percent | | | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|------|------|
| Area | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Yavapai County | 9.8 | 8.6 | 7.8 | 6.4 | 5.6 | 5.0 | 4.6 | 4.4 | 4.6 | 7.3 | 4.1 |
| Arizona | 9.4 | 8.3 | 7.8 | 6.8 | 6.1 | 5.5 | 5.0 | 4.8 | 4.9 | 7.7 | 4.9 |
| United States | 9.0 | 8.1 | 7.4 | 6.2 | 5.3 | 4.9 | 4.4 | 3.9 | 3.7 | 8.1 | 5.4 |

Source: US Department of Labor, Bureau of Labor Statistics. 2022 - December. Source geography: County

Poverty

The following table and graph display the percentage of total population below 100 percent Federal Poverty Level (FPL) for Yavapai County, Arizona and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

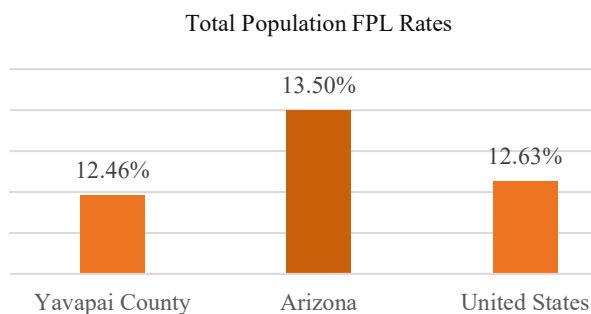
Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community's medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals' inability to pay for services places a strain on the community's medical system.

These individuals tend to have limited transportation options and lack the ability to travel outside their local community for medical services.

The table below shows the total and percent of individuals living below 100% of the Federal Poverty Level.

| Population Below 100% FPL | | | |
|---------------------------|------------------|-----------------------|-------------------------------|
| | Total Population | Population in Poverty | Population in Poverty Percent |
| Yavapai County | 229,192 | 28,563 | 12.46 |
| Arizona | 6,926,281 | 934,911 | 13.50 |
| United States | 321,897,703 | 40,661,636 | 12.63 |

Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract



Insurance

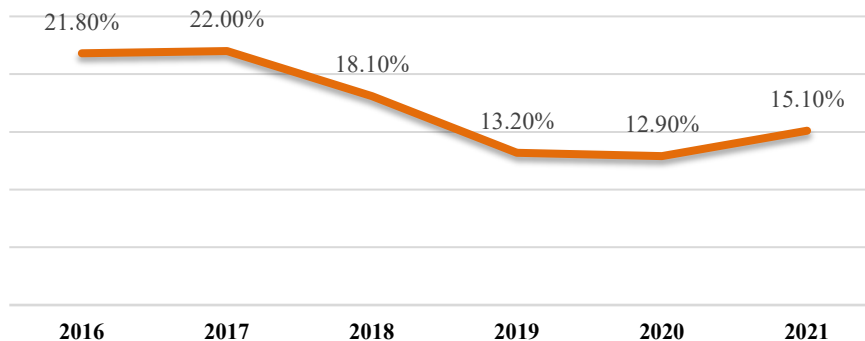
The following table reports the percentage of the total civilian non-institutionalized population without health insurance coverage for Yavapai County, Arizona, and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status. Uninsured adults have limited access to preventive services and specialty care, and often experience worse health outcomes than those with insurance.

In Yavapai County, 10.62% of the total civilian non-institutionalized population is without health insurance coverage. The rate of uninsured persons in the report area is close to the state average of 10.65%, but higher than the national average of 8.77%

| Uninsured Total Population | | | |
|----------------------------|--|----------------------------|------------------------------|
| | Population for whom Insurance Status is Determined | Uninsured Population Total | Uninsured Population Percent |
| Yavapai County | 233,530 | 24,696 | 10.62 |
| Arizona | 6,976,512 | 743,344 | 10.65 |
| United States | 324,818,565 | 28,489,142 | 8.77 |

Source: US Census Bureau, American Community Survey: 2017-21. Source geography: Tract

The image below shows the percentage of population under age 65 without health insurance from 2016 to 2021.



Source: Datausa.io/profile/geo/yavapai-county.az

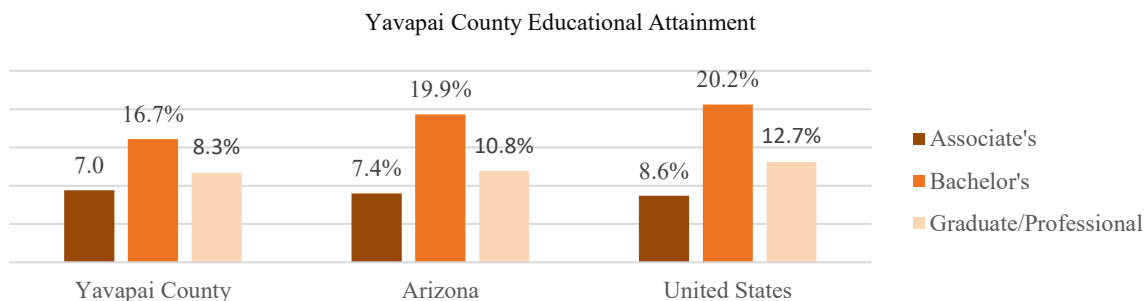
Education

The following data shows the estimated educational attainment with a High School diploma or higher. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Education levels obtained by community residents may impact the local economy. Higher levels of education, including associate's degrees and higher, generally lead to higher wages, less unemployment and improved job stability. These factors may indirectly influence community health. Information for the table below is calculated for persons age 25 years and over, and is an estimated average from the period 2017-2021.

As the table and graph below show, in Yavapai County 16.1% have at least a college bachelor's degree, while 25.2% stopped their formal educational attainment after high school.

| Educational Attainment – Population Age 25 and Older | | | | | |
|--|----------------------------------|---------------------------|---------------------------------|--------------------------------|--|
| | Percent with High School Diploma | Percent with Some College | Percent with Associate's Degree | Percent with Bachelor's Degree | Percent with Graduate or Professional Degree |
| Yavapai County | 25.2 | 29.3 | 9.4 | 16.1 | 11.7 |
| Arizona | 23.5 | 24.6 | 9.0 | 19.3 | 11.9 |
| United States | 26.5 | 20.0 | 8.7 | 20.6 | 13.1 |

Source: US Census Bureau, American Community Survey. 2017-21. Source geography: County



Source: US Census Bureau, American Community Survey. 2017-21. Source geography: County

PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community's health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

Grocery Store Access

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

| Grocery Store Access | | |
|----------------------|--------------------------|---------------------------------|
| | Number of Establishments | Establishments Rate per 100,000 |
| Yavapai County | 27 | 11.43 |
| Arizona | 770 | 10.77 |
| United States | 62,268 | 18.79 |

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County



Food Access/Food Deserts and SNAP

The table on the following page displays the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. This is relevant because it highlights populations and geographies facing food insecurity.

| Population with Low Food Access | | |
|---------------------------------|---------------------------------|---------------------------|
| | Population with Low Food Access | Food Desert Census Tracts |
| Yavapai County | 51,492 | 11 |
| Arizona | 1,049,466 | 257 |
| United States | 39,074,974 | 63,238 |

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

Certain food stores including grocery stores as well as supercenters, specialty food stores, and convenience stores are authorized to accept Supplemental Nutrition Assistance Program (SNAP) benefits. As the table below reveals, Yavapai County has 6.58% retailers per 100,000 population, which is slightly higher than the state rate and slightly lower than the national rate.

| SNAP Authorized Food Stores | | |
|-----------------------------|---------------------------------|---|
| | Total SNAP-Authorized Retailers | SNAP-Authorized Retailers Rate per 100,000 population |
| Yavapai County | 158 | 6.58 |
| Arizona | 3,852 | 5.21 |
| United States | 248,526 | 7.47 |

Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2021. Source geography: Tract

Recreation and Fitness Access

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. Yavapai County includes 20 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

The data below report the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940.

| Recreation and Fitness Facility Access | | |
|--|--------------------------|---------------------------------------|
| | Number of Establishments | Establishments per 100,000 population |
| Yavapai County | 20 | 8.47 |
| Arizona | 755 | 10.56 |
| United States | 39,562 | 11.94 |

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County



The table below shows the percent of adults 20 and older who self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

| Physical Inactivity | | | |
|---------------------|--------------------|--|--|
| | Population Age 20+ | Adults Age 20+ with No Leisure Time Physical Activity, Total | Adults Age 20+ with No Leisure Time Physical Activity, Percent |
| Yavapai County | 192,559 | 44,096 | 20.6% |
| Arizona | 5,442,674 | 1,155,051 | 20.5% |
| United States | 239,878,217 | 54,200,862 | 22.0% |

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

CLINICAL CARE OF THE COMMUNITY

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

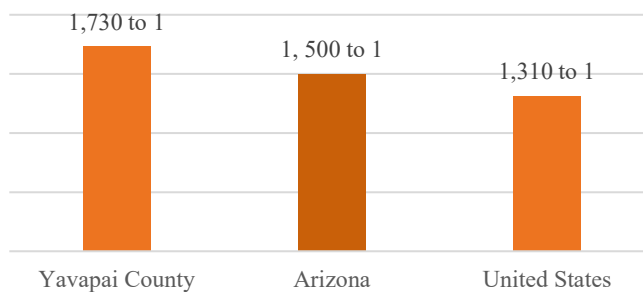
Access to Primary Care

The table on the following page shows the number of primary care physicians per 100,000-population. Doctors classified as "primary care physicians" by the AMA include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians 75 years and older and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Yavapai County has one primary care physician for every 1,730 patients. This is higher than state and national ratios. According to the CDC, an adequate supply of physicians helps ensure access to health care. A high ratio (also referred to as a physician shortage) can result in reduced access to care, increasing wait times, and higher medical costs for patients. <https://www.cdc.gov/nchs/hus/topics/physicians.htm>

| Access to Primary Care | | |
|------------------------|------------------|-------------------------------|
| | Total Population | Primary Care Physicians Ratio |
| Yavapai County | 229,192 | 1,730 to 1 |
| Arizona | 6,926,281 | 1,500 to 1 |
| United States | 321,897,703 | 1,310 to 1 |

Source: <https://www.countyhealthrankings.org/explore-health-rankings/arizona/yavapai?year=2022>



Source: <https://www.countyhealthrankings.org/explore-health-rankings/arizona/yavapai?year=2022>

Preventable Medicare Hospitalizations

The following data reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of preventable discharges demonstrates a possible “return on investment” from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

The data on the following table reports the preventable hospital rate of Medicare beneficiaries.

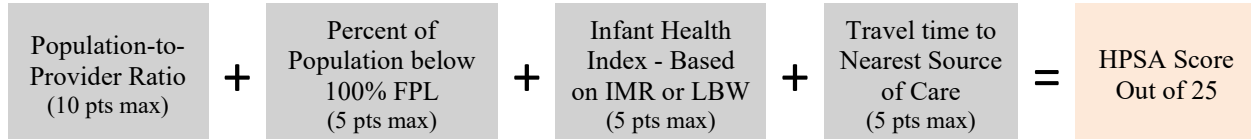
| Preventable Medicare Hospitalizations | | |
|---------------------------------------|------------------------------|---|
| | Total Medicare Beneficiaries | Preventable Hospitalizations, per 100,000 |
| Yavapai County | 77,946 | 1,506 |
| Arizona | 1,247,585 | 2,032 |
| United States | 57,235,207 | 2,865 |

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County

Population Living in a Health Professional Shortage Area

Health Professional Shortage Area (HPSA) designations are assigned by the federal government to prioritize the distribution of resources to meet health care needs and can be used by health care facilities to establish a need for additional health care professionals.

The Health Professional Shortage Area (HPSA) Score was developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 25. The higher the score, the greater the priority. The graphic below demonstrates the scoring process.



Source: HRSA Health Workforce, <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>

Health Professional Shortage Area (HPSA) is also measured by the number of full-time equivalent (FTE) practitioners needed in an area so that it will achieve the population to practitioner ratio. The target ratio is determined by the type (discipline) of the HPSA.

Yavapai County has five HPSA areas within the Medical Center's community. Black Canyon City has the highest HPSA score, Prescott Valley has the biggest HPSA FTE shortage.

The table below lists HPSA scores for the five areas.

| HPSA Scores | | | |
|------------------------------------|-------------------|------------|-----------------------------|
| County | HPSA Name | HPSA Score | Primary Care HPSA FTE short |
| Yavapai County | Williamson | 14 | 1.47 |
| Yavapai County | Chino Valley | 16 | 2.23 |
| Yavapai County | Black Canyon City | 17 | 1.79 |
| Coconino County/ Yavapai County | Cottonwood/Sedona | 15 | 4.60 |
| Yavapai County | Prescott Valley | 16 | 5.20 |

Source: US Dept of Health and Human Services 2021, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Preventable Medical Events

Ambulatory care sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS information demonstrates a possible “return on investment” from interventions that reduce hospital admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

The table below displays the number of residents per 1,000 that experienced a preventable medical event.

| Preventable Medical Events | |
|----------------------------|---|
| | ACS per 1,000 Residents under 65 Years |
| Yavapai County | 38.6 |
| Prescott Valley | 45.5 |
| Arizona | 34.5 |

Source: Prescott Valley Primary Care Area 2021 Statistical Profile, <http://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/reports/datadocu.pdf>

Health Status of the Community

This section of the assessment reviews the health status of the Community with comparisons to the State of Arizona. This assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of Yavapai County residents will enable The Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health.

Community health includes both the physical and social environment in which individuals live, work and play. Community health is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.



Some examples of lifestyle/behavior and related health care problems include the following:

| Lifestyle | | Primary Disease Factors |
|------------------------------------|---|--|
| Smoking | ➡ | Lung cancer Cardiovascular disease Emphysema Chronic bronchitis |
| Alcohol/drug abuse | ➡ | Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness |
| Poor Nutrition | ➡ | Obesity Digestive disease Depression |
| Driving at excessive speeds | ➡ | Trauma Motor vehicle crashes |
| Lack of exercise | ➡ | Cardiovascular disease Depression |
| Overstressed | ➡ | Mental illness Alcohol/drug abuse Cardiovascular disease |

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Arizona. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

The following table reflects the leading causes of death for Yavapai County as compared to the rates of Arizona and the United States, per hundred thousand. Figures represent a 2016-2020 five-year average. Figures are reported as rates age-adjusted to year 2000 standard. Data was last updated in 2020.

Among the eight causes listed below, Yavapai County death rates are considerably higher in four areas: Lung Disease (32% higher than state and national averages); Poisoning (32% higher than state average, 57% higher than national average); Suicide (68% higher than state average, 123% higher than national average); and Unintentional Injury (11% higher than state average, 29% higher than national average).

| Selected Causes of Resident Deaths: Number and Crude Rate | | | | | | |
|---|---------------------|---------------|---------------------|---------------|---------------------|---------------|
| | Yavapai County | | Arizona | | United States | |
| | 5-Year Total Deaths | Adjusted Rate | 5-Year Total Deaths | Adjusted Rate | 5-Year Total Deaths | Adjusted Rate |
| Cancer | 3,614 | 150.6 | 61,176 | 132.5 | 2,998,371 | 149.4 |
| Coronary Heart Disease | 2,063 | 86.0 | 39,484 | 85.7 | 1,838,830 | 91.5 |
| Lung Disease | 1,325 | 53.3 | 18,815 | 40.2 | 783,919 | 39.1 |
| Motor Vehicle Crash | 177 | 14.1 | 4,872 | 13.2 | 193,691 | 11.5 |
| Poisoning | 390 | 37.7 | 9,924 | 28.4 | 389,651 | 24.0 |
| Stroke | 772 | 31.8 | 14,151 | 30.9 | 746,604 | 37.6 |
| Suicide | 421 | 30.8 | 6,818 | 18.3 | 233,972 | 13.8 |
| Unintentional Injury | 936 | 65.3 | 22,401 | 58.8 | 872,432 | 50.4 |

Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.
Source geography: County

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture, and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity).

These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

Healthcare was overwhelmingly impacted by COVID. Hospitals on the front line of caring for patients were strained as they swiftly responded to infection rates. Canceled and delayed routine procedures created substantial financial loss for many hospitals and providers.

Hospitals are seeing more high acuity, inpatient cases, requiring longer lengths of stay than prior to the pandemic. Doctors, nurses, and other providers have experienced intense pressure. Detrimental effects include high rates of infection, anxiety, and depression.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest."

Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors - rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, data from Yavapai County will be used to compare the relative health status of the county to the state of Arizona.

The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated.

A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture, and environment.

The tables below show how changes in the county included in the community's health outcomes have increased, decreased, or stayed the same from the prior community health needs assessment. Data is based on calendar years 2018-2022.

County Health Rankings - Health Outcomes

| <i>Mortality</i> | Yavapai County 2018 | Yavapai County 2022 | County Increase/Decrease | Arizona 2022 | Top US Performers 2022 |
|--|---------------------|---------------------|--------------------------|--------------|------------------------|
| Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) | 8,500 | 8,600 | ↑ | 7,700 | 7,300 |
| Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted) | 14% | 18% | ↑ | 18% | 17% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 3.7 | 4.0 | ↑ | 4.0 | 3.9 |
| Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | 3.8 | 4.6 | ↑ | 4.7 | 4.5 |
| Low birth weight - Percent of live births with low birth weight (<2500 grams) | 7.0% | 7.0% | — | 7.0% | 8.0% |

**Data should not be compared with prior years. Source: Countyhealthrankings.org*

| <i>Health Behaviors</i> | Yavapai County 2018 | Yavapai County 2022 | County Increase/Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---------------------|---------------------|--------------------------|--------------|------------------------|
| Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke | 15% | 17% | ↑ | 16% | 16% |
| Adult obesity – Percent of adults that report a BMI ≥ 30 | 23% | 28% | ↑ | 32% | 32% |
| Food environment index [^] – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 6.6 | 6.9 | ↑ | 6.5 | 7.8 |
| Physical inactivity – Percent of adults aged 20 and over reporting no leisure time physical activity | 22% | 24% | ↑ | 24% | 26% |
| Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity | 88% | 84% | ↓ | 82% | 80% |
| Excessive drinking – Percent of adults that report excessive drinking in the past 30 days | 16% | 18% | ↑ | 17% | 20% |

| <i>Health Behaviors</i> | Yavapai County 2018 | Yavapai County 2022 | County Increase/Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---------------------|---------------------|--------------------------|--------------|------------------------|
| Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement | 21% | 15% | ↓ | 22% | 27% |
| Sexually transmitted infections – Chlamydia rate per 100K Population | 200.1 | 238.6 | ↑ | 591.6 | 551.0 |
| Teen births – Female population, ages 15-19 | 31 | 24 | ↓ | 22 | 19 |

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative one.

Note: N/A indicates unreliable or missing data. *Source: Countyhealthrankings.org 2022*

| <i>Clinical Care</i> | Yavapai County 2018 | Yavapai County 2022 | County Increase/Decrease | Arizona 2022 | Top US Performers 2022 |
|---|---------------------|---------------------|--------------------------|--------------|------------------------|
| Uninsured adults – Percent of population under age 65 without health Insurance | 13% | 15% | ↑ | 14% | 11% |
| Primary care physicians – Number of population for every one primary care physician | 1680 | 1730 | ↑ | 1500 | 1310 |
| Dentists – Number of population for every one dentist | 1600 | 1490 | ↓ | 1590 | 1400 |
| Mental health providers – Number of population for every one mental health provider | 600 | 490 | ↓ | 660 | 350 |
| Mammography screening [^] – Percent of female Medicare enrollees that receive mammography screening | 66% | 43% | ↓ | 41% | 43% |

| <i>Social and Economic Factors</i> | Yavapai County 2018 | Yavapai County 2022 | County Increase/Decrease | Arizona 2022 | Top US Performers 2022 |
|--|---------------------|---------------------|--------------------------|--------------|------------------------|
| High school graduation [^] – Percent of ninth grade cohort that graduates in 4 years | 79% | 92% | ↑ | 88% | 89% |
| Some college [^] – Percent of adults aged 25-44 years with some postsecondary education | 60% | 61% | ↑ | 65% | 67% |
| Unemployment – Percent of population age 16+ unemployed but seeking work | 4.9% | 7.5% | ↑ | 7.9% | 8.1% |
| Children in poverty – Percent of children under age 18 in poverty | 20% | 15% | ↓ | 18% | 16% |
| Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile | 4.1 | 4.3 | ↑ | 4.5 | 4.9 |
| Children in single-parent households – Percent of children that live in household headed by single parent | 31% | 22% | ↓ | 26% | 25% |
| Social associations [^] – Number of membership associations per 10,000 population | 9.1 | 8.0 | ↓ | 5.6 | 9.2 |
| Violent Crime Rate – Violent crime rate per 100,000 population (age adjusted) | 289 | 300 | ↑ | 435 | 386 |
| Injury deaths – Number of deaths due to injury per 100,000 population | 122 | 126 | ↑ | 90 | 76 |

| <i>Physical Environment</i> | Yavapai County 2018 | Yavapai County 2022 | County Increase/Decrease | Arizona 2022 | Top US Performers 2022 |
|--|---------------------|---------------------|--------------------------|--------------|------------------------|
| Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter | 5.9 | 6.3 | ↑ | 5.8 | 7.5 |
| Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | N/A | 17% | — | 18% | 17% |
| Driving alone – Percentage of workforce that drives alone to work | 74% | 76% | ↑ | 75% | 75% |
| Long commute – Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 26% | 28% | ↑ | 37% | 37% |

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative one. Note: N/A indicates unreliable or missing data. Source: Countyhealthrankings.org 2022

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior Community Health Needs Assessment to current year and challenges faced by Yavapai County. The improvements/challenges shown below were determined using a process of comparing the rankings of Yavapai County's health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed a significant improvement or decline, they were included in the charts below.

| Yavapai County Improvements and Challenges | |
|--|---|
| Improvements | Challenges |
| Alcohol-impaired driving deaths declined by 6%, from 21% down to 15% | Mammogram screenings among female Medicare enrollees declined, from 64% to 43% |
| Teen births decreased from 31 to 24 | Adult obesity increased 5%, from 23% to 28% |
| Food environment index slightly increased from 6.6 to 6.9 | Unemployment rate increase by 2.6%, from 4.9% to 7.5% |
| Ratio of dentists per person decreased from 1,600:1 to 1,490:1 | Violent Crime rate rose from 289 to 300 (per 100,00 population) |
| Ratio of mental health providers per person decreased from 600:1 to 490:1 | Sexually transmitted infections rose from 200.1 to 238.6 (per 100,00 population) |

The following exhibits show a more detailed view of certain health outcomes and factors for Yavapai County, the state of Arizona and the United States.

Diabetes

The following table displays the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a significant health issue in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

| Population with Diagnosed Diabetes | | | |
|------------------------------------|-----------------------------|------------------------------------|---------------------------------|
| | Population Age 20 and older | Population with Diagnosed Diabetes | Percent with Diagnosed Diabetes |
| Yavapai County | 192,980 | 19,105 | 6.7 |
| Arizona | 5,446,755 | 520,446 | 8.4 |
| United States | 239,919,249 | 24,189,620 | 9.0 |

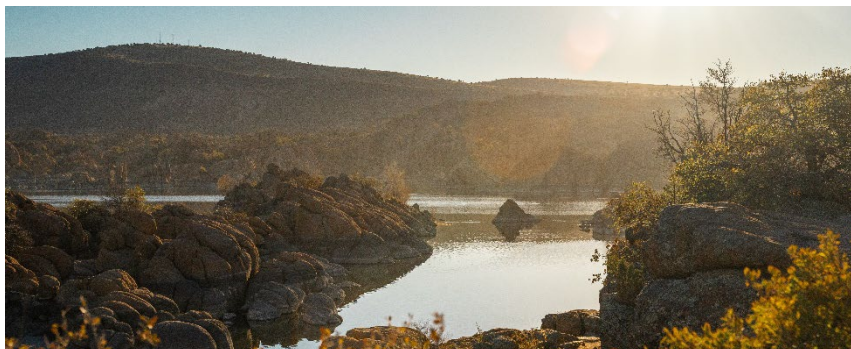
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

High Blood Pressure (Adult)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Yavapai County has a percentage lower than both the state of Arizona and the United States.

| Population with High Blood Pressure (Medicare) | | |
|--|--|--|
| | Beneficiaries with High Blood Pressure | Beneficiaries with High Blood Pressure Percent |
| Yavapai County | 24,900 | 48.5 |
| Arizona | 354,272 | 52.5 |
| United States | 19,162,770 | 57.2 |

Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. Source geography: County



Heart Disease (Adult)

The following table has data on Medicare beneficiaries with ischemic heart disease based on administrative claims. This is relevant because heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. Within Yavapai County, nearly one-fourth of beneficiaries had heart disease. This is slightly below than the state and national percent.

| Population with Heart Disease (Medicare) | | |
|--|--|--|
| | Beneficiaries with Heart Disease Total | Beneficiaries with Heart Disease Percent |
| Yavapai County | 12,109 | 23.6 |
| Arizona | 164,243 | 24.3 |
| United States | 8,979,902 | 26.8 |

Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. Source geography: County

Poor General Health

The following data report the percentage of adults aged 18 and older self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” This indicator is relevant because it is a measure of general poor health status.

| Poor General Health | | |
|---------------------|---|--|
| | Adults 18+ with Poor or Fair General Health (crude) | Adults 18+ with Poor or Fair General Health (age-adjusted) |
| Yavapai County | 16.30% | 13.30% |
| Arizona | 15.59% | 14.73% |
| United States | 14.50% | 13.70% |

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: Tract

The table on the following page reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics -Natality Files (2014-2020) and are used for the 2022 County Health Rankings. Within the report area, there were 889 infants born with low birth weight. This represents 7.0% of the total live births. *Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.*

| Low Birthweight Births | | | |
|------------------------|-------------------|------------------------------|--------------------------------|
| | Total Live Births | Low Birthweight Births Total | Low Birthweight Births Percent |
| Yavapai County | 12,734 | 889 | 7.0 |
| Arizona | 575,249 | 42,127 | 7.3 |
| United States | 26,896,859 | 2,203,029 | 8.2 |

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County

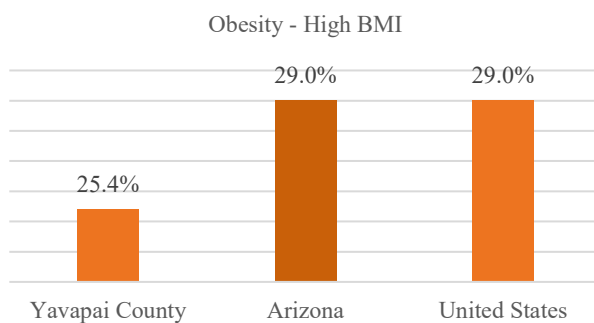
Obesity

The following table displays the percentage of adults aged 20 and older self-reporting having a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within Yavapai County, there are a total of 48,824 adults aged 20 and older who self-reported having a BMI greater than 30.0. This represents 25.4% of the survey population, below state and national percentages.

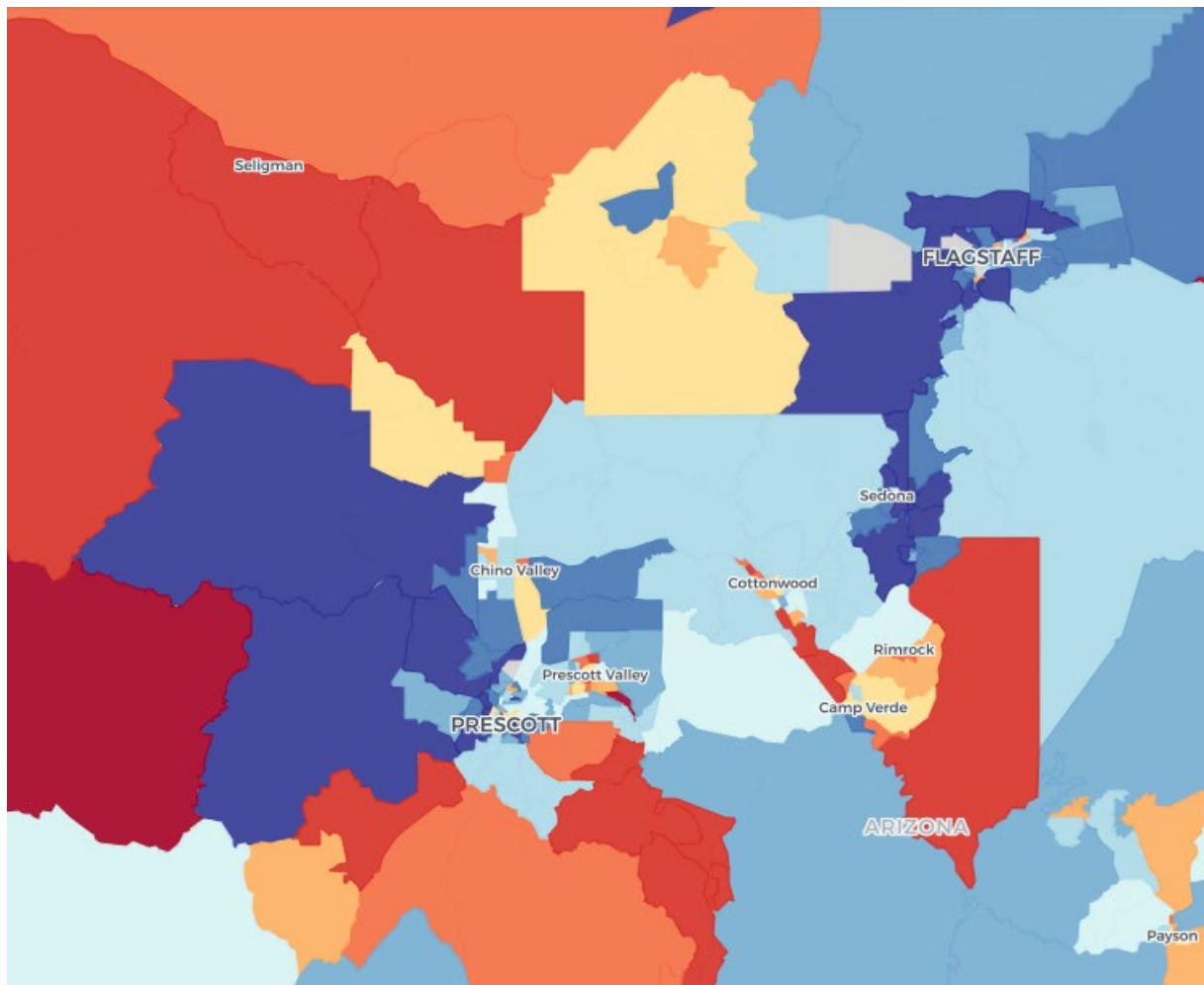
| Adults 20 and older with Obesity | | | |
|----------------------------------|------------------------------------|-------------------------------|--------------------------------|
| | Survey Population Age 20 and older | Adults with BMI> 30.0 (Obese) | Percent with BMI> 30.0 (Obese) |
| Yavapai County | 192,980 | 48,824 | 25.4 |
| Arizona | 5,446,755 | 1,574,263 | 29.0 |
| United States | 239,919,249 | 69,961,348 | 29.0 |

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.



Area Deprivation Index

The Area Deprivation Index (ADI) is based on a measure created by the Health Resources & Services Administration (HRSA) over three decades ago, and has since been refined, adapted, and validated to the Census Block Group neighborhood level by a research team at the University of Wisconsin-Madison. It allows for rankings of neighborhoods by socioeconomic disadvantage in a region of interest (e.g. at the state or national level). It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups.



Source: Neighborhood Atlas, University of Wisconsin Madison - <https://www.neighborhoodatlas.medicine.wisc.edu/mapping>

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | |

ADI scores from within the state alone are ranked from lowest to highest, then divided into deciles (1–10). Lower numbers (blue) are the least disadvantaged block groups. Higher numbers are the most disadvantaged block groups.

Evaluation of Prior Implementation Strategy

The Dignity Health YRMC 2019 Community Health Needs Assessment was conducted during 2019 with the assistance of BKD, LLP (now FORVIS). Multiple sources were explored to gain the best possible knowledge of the health needs of the Medical Center's service area.

The 2019 CHNA identified twelve significant health needs in the community. Those needs are listed below.

- Healthy Behaviors/Lifestyle Changes
- Lack of Primary Care Physicians
- Transportation, Especially in Rural Areas
- Aging Population
- Lack of Health Knowledge
- Physical Inactivity
- High Cost of Health Care
- Lack of Mental Health Providers
- Poverty/Children in Poverty/Lack of Financial Resources
- Uninsured
- Limited Access to Healthy Foods
- Adult Obesity

The CHNA identified the top twelve needs in the region and Dignity Health YRMC selected the top five of those needs to address in the next three years. Some of the health needs that were identified were outside the realm of Dignity Health YRMC's expertise and resources. For example, transportation is regularly a prominent theme in community needs. However, Dignity Health YRMC is best suited to focus on direct health needs such as addressing the need for primary care physicians and helping people choose healthy behaviors and positive lifestyle changes. We do, however, seek collaborative opportunities with local transportation organizations such as People Who Care and Yavapai Regional Transit, as well as local physicians and healthcare providers to address challenging needs.

Dignity Health YRMC has a critical role in providing healthcare services for its community and seeks to utilize best practices and solutions identified by other comparable rural community health systems. The work outlined in the Implementation Plan was focused on the health needs identified in the CHNA. However, there are numerous other essential health programs provided by Dignity Health YRMC that will continue for the underserved outside the purview of this Implementation Plan.



Source: [visitarizona.com/places/cities/prescott-valley/](https://www.visitarizona.com/places/cities/prescott-valley/)

Significant Health Needs Dignity Health YRMC Addressed:

The 2019-2022 Implementation Strategy outlined the top community health needs described in the CHNA that Dignity Health YRMC addressed in whole or in part in fulfillment of its mission. Dignity Health YRMC selected the top five priorities of the twelve health needs that were identified in the CHNA. The selection was based on priority ranking as well as resource availability and appropriateness to Dignity Health YRMC's areas of expertise. This implementation strategy was modified when needed as conditions changed and was appropriate over the course of the three years.

1. Healthy Behaviors/Lifestyle Changes

- Dignity Health YRMC has successfully provided wellness and health promotion programs for decades. These popular programs will provide the foundation for community outreach in the area of healthy behaviors and lifestyles. We anticipate an increase in the number of community members who actively make healthier choices.

Accomplishments:

- Social media continued to expand to help meet information needs surrounding good health choices. Tracking reports were run monthly to gauge traffic to various social media pages
- Educational resources for healthy living choices (e.g. exercise programs, nutritious recipes, mental health self-care)
- Access to latest health information (e.g. surgery preparation, COVID-19 resources, breast health) resulted in higher positive health outcomes
- Library of searchable health information archived to increase and enable health literacy skills
- Continued Pendleton Centers' programs on the West Campus and the East Campus that adapted exercise suitable for the age and physical condition of individual participants, e.g., chair exercises for those with limited physical capacity. Throughout 2020 the COVID-19 pandemic greatly reduced participation for all in-person programs, but these programs still exist depending on covid and Dignity-CommonSpirit guidelines.
- Physical exercise programs tailored to specific patient health needs

- Customization of techniques and accommodations for patients with limited mobility to facilitate greater compliance and proficiency in physical exercise
- Explored collaboration with Yavapai County Community Health Services and local schools for in-school programs to promote healthy behaviors and educate children on the importance of maintaining their health. In-school programs have been limited due to COVID restrictions, but we continued to provide partners for healthy students' free primary healthcare for underserved children.
- Health education tools for teachers and students to build healthy habits and cultivate supportive peer and teacher/student relationships (e.g., go noodle web-based exercise program that increases physical activity and teaches relaxation/stress management techniques and skills, smoking prevention, other fitness resources)
- In collaboration with subject matter experts (SME), continued the utilization of the widely popular YRMC Speakers Bureau to include the topic of healthy behaviors. Due to COVID restrictions these were only offered via web portals.
- Sought out connections with local chambers, PEO groups, civic groups, etc., for opportunities to present health information in their newsletters or connect them to web-based resources.
- Explored collaboration with local retirement centers and assisted living facilities to provide health information and social media contact.
- COVID-19 pandemic raised significant challenges for such facilities to enable contact among residents, inhibiting the social connection that is especially important during challenging times to minimize isolation, maintain health and cultivate well-being of residents.
- Worked with local facilities to provide education on alternative forms of contact through technology (e.g. web-based meetings, cell phone video chat sessions, online forums) to share information about beneficial foods, exercise and other healthy habits. This education enhances residents' proficiency in health behaviors.

2. Lack of Primary Care Physicians

- The 2013 and 2016 CHNA plans identified a need for specialists as well as primary care. Since that time, extraordinary efforts have been successful in recruiting physicians and now we have filled many specialties for our community. We still see a need for primary care and plan to address this need accordingly. It is anticipated that more primary care providers will be available for our community.

Accomplishments:

- YRMC used advanced practice providers (nurse practitioners and physician assistants) to augment the need for primary care.
- Needs for suitable office space to accommodate additional physicians were met based primarily on Dignity Health's master facilities plan for our community and taking advantage of space in our communities that may become available.
- Explored feasibility of options such as walk-in clinics, satellite offices, and extended hours for YRMC clinics, etc.

- COVID-19 dramatically increased use of telemedicine options, resulting in greater familiarity and ease of use among providers. These techniques will be used to expand access to patients with mobility issues or limited availability.
- In collaboration with local schools, YRMC continued to provide free primary care to uninsured and underinsured school children and their younger siblings through the Partners for Healthy Students program, staffed by Nurse Practitioners and led by a Medical Director.
- The economic impact of COVID-19 was particularly devastating due to temporary layoffs resulting in more children without insurance coverage and in need of care. As of May 2020, an estimated 17% (one in six) working adults were receiving unemployment benefits. To address this issue, YRMC approved the extension of PHS services beyond the traditional school year and through the summer of 2020.
- YRMC continued to collaborate with the Arizona Sonshine organization that provides free healthcare in our region for several days annually to help meet the needs of the underserved.
- Due to the COVID-19 pandemic, the Arizona Sonshine 2020 event was canceled. The Arizona Sonshine organization is currently investigating the feasibility of setting up mobile medical units in select areas if the crisis continues long-term, to be staffed by volunteers.

3. Lack of Health Knowledge

- Health literacy is defined as a person's ability to read, understand, evaluate and act upon health information. Low health literacy is linked to poorer health status and more emergency room visits and hospitalizations. An estimated 75 million English-speaking adults in the United States have limited health literacy, making it difficult for them to understand and use basic health information. (Source: Agency for Healthcare Research and Quality). YRMC's efforts are expected to improve health literacy in our community.

Accomplishments:

- YRMC continued to use social media and other electronic methods of reaching out to the community and educating people about health and healthcare.
- YRMC Healthconnect library of searchable health information archived to increase and enable health literacy skills.
- Informative articles on Healthconnect to educate readers on various body mechanisms, procedures, and medical developments.
- Explored utilizing the YRMC Speakers Bureau for providing health information for the community.
- Participants attended virtual sessions and reviewed resource materials at their own pace.
- Explored other health literacy programs available within the Dignity-Commonspirit System and, when feasible, adapted one or more of these programs to the YRMC market. These programs helped increase understanding and compliance with health advice and recommendations.

4. Physical Inactivity

- Cardiovascular disease is the leading cause of death in the U.S. (Source: American Family Physician, 2016). Thirty-five percent of cardiovascular disease is due to physical inactivity. Approximately 60% of Americans 18 years and older report physical inactivity.

The American Heart Association recommends 30-60 minutes of aerobic exercise three to four times a week.

- As mentioned in the introductory portion of this implementation plan and strategy, our local demographics and economic realities pose some interesting challenges in helping our community recognize the issue and, most importantly, make efforts to improve their activity levels. However, we anticipate an improvement in levels of physical activity as a result of this Implementation Plan.

Accomplishments:

- Collaborated with Yavapai County Community Health Services and YRMC's own employee health program, when appropriate, to create more education about the importance of physical activity.
- Collaborated with local schools (many of whom no longer offer free physical education classes or sports opportunities) to include program ideas for brief physical activity within the classroom throughout the day as breaks for children.
- Explored YRMC sponsored hikes/walks for the community and promote them accordingly.
- Promoted through YRMC Health Connect program the many opportunities to engage in local hiking programs (e.g. highlands center for natural history, Prescott hiking club).
- Educated the community about the health benefits of domestic activities such as gardening, etc.
- Promoted through YRMC Health Connect program the many low-cost opportunities to engage in home-based physical activity (Yavapai College master gardening program, Prescott community gardens) to enable more people to engage in physical activity in new and creative ways not previously considered.
- Explored further collaboration with groups such as silver sneakers for the Pendleton Centers for Health and Wellness and promoted such programs and their benefits.
- Explored the value of participants from the Pendleton programs to provide testimonials on social media and other outlets regarding how staying physically active has improved their lives.

5. Lack of Mental Health Providers

- YRMC worked closely with local mental health providers. Several local mental health providers regularly come to assess patients in YRMC's Emergency Departments to determine mental health status. Because of the proliferation of mental health and substance abuse problems in our community, YRMC also collaborated closely with local law enforcement agencies. Many patients are brought into the Emergency Departments by law enforcement, especially those exhibiting combative, violent behavior and/or those who are homeless or otherwise without family support.

Accomplishments:

- Continued collaborating with local behavioral health providers in community presentations to help educate the public about mental health and the fact that it does not deserve to be stigmatized.
- COVID-19 has dramatically increased the use of telemedicine options, resulting in greater familiarity and ease of use among providers. These techniques can be used to expand access to patients with anxiety issues or limited availability due to family demands.

- Tracking was conducted periodically to gauge usage and topics in highest demand.
- Continued the collaboration with Polara Health (formerly known as West Yavapai Guidance Clinic) and other mental health providers in creation of new programs for mental health topics. Increased support provided for the Polara Health Crisis Stabilization Unit (CSU). However, COVID caused a closure of the CSU for the time being.
- Evaluated additional partnership opportunities with mental health providers as they become available.
- A local group of psychologists offered free mental health services for YRMC staff to assist with issues resulting from the COVID-19 and economic crises.
- Explored with local law enforcement and mental health providers possible alternatives to YRMC's EDs as a "holding" resource when no medical need is apparent. Such alternatives support law enforcement's efforts for behavioral health housing within detention centers in the community.
- Further promoted philanthropically supported programs to enhance behavioral health services. for example, YRMC's Partners for Healthy Students (PHS) program launched adolescent behavioral health services in 2019 made possible by community support and generosity. PHS collaborates with Southwest Behavioral Health, Spectrum Health, Polara Health and other providers.
- Explored opportunities to collaborate with YRMC's palliative medicine department and memory care services in the area, especially given our community need for such care and information about these services.
- Explored a healthy aging service line with a geriatric assessment clinic for our local community in collaboration with YRMC palliative medicine program to increase availability of mental health services for the senior population in Western Yavapai County. More than one-third of the population of YRMC's service area is over the age of 65.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, Dignity Health YRMC completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death and death rates for the community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for DHYRMC.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for the DHYRMC community. County rates and measurements for health behaviors, clinical care, social and economic factors, and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized.
 - i. >25% of the community = 5
 - ii. >15% and <25% = 4
 - iii. >10% and <15% = 3
 - iv. >5% and <10% = 2
 - v. <5% = 1
- 2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.
- 3) **What is the impact on vulnerable populations?** The rating for this factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.
- 4) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.

Each need was ranked based on these four prioritization metrics. As a result, the following summary of needs is identified in the table on the following page.

| Health Problem or Issue | How many people are affected by the issue? | What are the consequences of not addressing this problem? | What is the impact on vulnerable populations? | Alignment with DHYRMC Resources | Total Score |
|--|--|---|---|---------------------------------|-------------|
| Shortage of Primary Care Physicians | 5 | 4 | 5 | 4 | 18 |
| Lack of Mental Health Providers/Resources | 5 | 3 | 5 | 4 | 17 |
| High Cost of Health Care | 4 | 5 | 4 | 4 | 17 |
| Lack of Health Knowledge/Education | 4 | 3 | 5 | 4 | 16 |
| Poverty/Inadequate Financial Resources | 4 | 3 | 5 | 4 | 16 |
| Poor Health Behaviors/Lifestyle | 4 | 3 | 4 | 4 | 15 |
| Substance Abuse | 3 | 3 | 5 | 4 | 15 |
| Transportation, especially in Rural Areas | 3 | 4 | 3 | 2 | 13 |
| Lack of Affordable Housing | 4 | 4 | 4 | 1 | 13 |
| Cancer | 3 | 4 | 3 | 3 | 13 |
| Aging Population | 3 | 4 | 3 | 3 | 13 |
| Heart Health | 3 | 3 | 3 | 4 | 13 |
| Physical Inactivity | 3 | 3 | 3 | 3 | 12 |
| Shortage of Dentists | 3 | 3 | 3 | 3 | 12 |
| Adult Obesity | 4 | 3 | 3 | 1 | 11 |
| Lung Disease | 4 | 2 | 1 | 4 | 11 |
| Children in Single-Parent Households | 3 | 3 | 2 | 2 | 10 |
| Excessive Drinking/Alcohol-Impaired Driving Deaths | 3 | 3 | 2 | 1 | 9 |
| Sexually Transmitted Infections | 1 | 2 | 1 | 2 | 6 |
| Violent Crime Rate | 1 | 2 | 1 | 1 | 5 |

Management's Prioritization Process

For the health needs prioritization process, DHYRMC engaged the leadership team to review the most significant health needs reported on the prior CHNA as well as information using the following criteria:

- Current area of the Medical Center focus.
- Established relationships with community partners to address the health need.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 15 or more (out of a possible 20) was identified as a priority area that will be addressed through Yavapai County Medical Center's strategy for fiscal year 2023-2025. Those priority areas included:

- How many people are affected by the issue or the size of the issue?
- What are the consequences of not addressing this problem?
- Prevalence of common themes.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, the data was reviewed to identify health issues of vulnerable populations and the community as a whole. DHYRMC determined any need in the priority grid that received a score of 15 or higher would be considered a priority area that will be addressed through Yavapai County Medical Center's Implementation Strategy for fiscal year 2023 through 2025.

Significant Identified Health Needs

1. Shortage of Primary Care Physicians
2. Lack of Mental Health Providers/Resources
3. High Cost of Health Care
4. Lack of Health Knowledge/Education
5. Poverty/Inadequate Financial Resources
6. Poor Health Behaviors/Lifestyle
7. Substance Abuse

Resources Potentially Available to Address Needs

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

Short-term acute care hospital services are not the only health services available to members of a community. The Yavapai Regional Medical Center has 218 beds. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

The following table summarizes acute care hospital services available:

| Summary of Acute Care Hospitals | | | | | |
|--------------------------------------|---|-------------------------|---------|--------|-----------------------|
| Facility | Address | Miles from Prescott, AZ | County | # Beds | Facility Type |
| Yavapai Regional Medical Center | 1003 Willow Creek Rd Prescott, AZ 86305 | 1.6 | Yavapai | 146 | Short Term Acute Care |
| Yavapai Regional Medical Center East | 7700 E. Florentine Rd Prescott Valley, AZ 86314 | 8.5 | Yavapai | 72 | Short Term Acute Care |
| Northern Arizona VA Health Care | 500 Highway 89 North Prescott, AZ 86313 | 0.11 | Yavapai | 151 | Government |
| Verde Valley Medical Center | 269 S. Candy Lane Cottonwood, AZ 86326 | 28.3 | Yavapai | 93 | Short Term Acute Care |

Source: http://www.ushospitalfinder.com/hospitals/search?search_query=Prescott%2C+AZ&lng=-112.4685025&lat=34.5400242&cgeo=

The table below provides a listing of community health centers and health clinics within DHYRMC's community.

| Summary of Other Health Care Facilities | | | |
|---|---|---------|-------------------------|
| Facility | Address | County | Facility Type |
| Prescott | 1090 Commerce Drive Prescott, AZ 86305-3700 | Yavapai | Community Health Center |
| Prescott Valley | 3212 N. Windsong Drive Prescott Valley, AZ 86314-2255 | Yavapai | Community Health Center |
| Cottonwood | 51 S. Brian Mickelsen Pkwy Cottonwood, AZ 86326-3610 | Yavapai | Community Health Center |

Source: Find a Health Center - <https://www.findahealthcenter.hrsa.gov/>

Health Department

Yavapai County Community Health Services offers a variety of amenities to the residents of Yavapai County and has three locations – Prescott, Prescott Valley and Cottonwood.

The Health Services Department offers numerous public health services including the following: vital records, preparedness and response, environmental health, nutrition services, immunizations, health education, disease prevention and primary care.

Yavapai County Community Health Services offers free one-on-one enrollment assistance meetings to anyone living in Yavapai County that doesn't currently have insurance is not happy with the health insurance coverage. More information can be found at <https://yavapaiaz.gov/chs>

Nonprofit Organizations

The table below lists various nonprofit organizations that provide programs and services that are a community benefit.

| Nonprofit Organizations | | | |
|---------------------------------------|---|---|---|
| Organization | Address | Website and Phone | Program Focus |
| Camp Soaring Eagle | 595 N Aspaas Rd Cornville, AZ | campsoaringeagle.org 928-284-9393 | Camping and programs to chronically ill children |
| Camp Verde Adult Reading Program | 1500 E. Cherry St. Cottonwood, AZ | cvarp.org 928-649-9070 | Adult reading program |
| CASA - Central AZ Seniors Association | | casapv.net 928-772-3337 | Daily meals, mental & physical health services, social activities |
| Coalition for Compassion and Justice | 531 Madison Ave. Prescott, AZ | yavapaiccj.org 928-445-8382 | Home repair, emergency shelter, housing, advocacy |
| ECO Learning Center | 3360 E. Hwy 89A Cottonwood, AZ | earthcitizen.org 928-641-6817 | Tools and resources for eco-friendly lifestyles |
| Family Involvement Center | 8766 AZ-69 suite g Prescott Valley, AZ | Familyinvolvementcenter.org 928-379-5077 | Support, resources and education for parents & caregivers of children with emotional, physical and behavioral needs |
| Goodwill Industries | 1100 S. SR 260 Cottonwood, AZ | 928-634-6297 | Employment training |
| Habitat for Humanity | 1230 Willow Creek Rd. Prescott, AZ | Prescotthabitat.org 928-649-6788 | Affordable housing |
| NAZCARE | 597 White Spar Rd. Prescott, AZ | nazcare.org 928-443-8379 | Mental and substance abuse services |
| Neighbor to Neighbor | 8501 Yavapai Rd. Prescott Valley, AZ | 928-458-7427 | Transportation, handyman work, caregiver relief |
| St Vincent De Paul Society | 700 N Bill Gray Rd Cottonwood, AZ | 928-634-9625 | Programs and services to those in need. |
| The Launch Pad | 424 St. St. Prescott, AZ | 928-227-0758 | Youth and teen programs and empowerment |
| Verde Valley Humane Society | 1520 W. Mingus Ave. Cottonwood, AZ | vvhs.net 928-634-7387 | Animal rescue/shelter |
| Yavapai Big Brothers Big Sisters | 3208 Lakeside Village Dr. Prescott, AZ | azbig.org 928-778-5135 | Youth mentoring |
| Y.E.S. The ARC | 427 Willard St. Cottonwood, AZ | yesthearc.org | Training and services for developmentally disabled |

Key Stakeholder Interviews

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by DHYRMC as well as those who have special knowledge or expertise around public health and underserved populations.

Interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Certain key stakeholders were selected due to their position working with low-income and uninsured populations. Some were selected due to their work with minority populations.

Interviewing key stakeholders is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Key Stakeholder Profiles

Individuals that participated represented the following organizations and agencies:

- Catholic Charities Community Services
- City of Chino Valley
- City of Prescott
- City of Prescott Valley
- James Family Prescott YMCA
- MATFORCE
- People Who Care Arizona
- Yavapai County Community Health Services
- DHYRMC Foundation
- Yavapai County Regional Medical Center

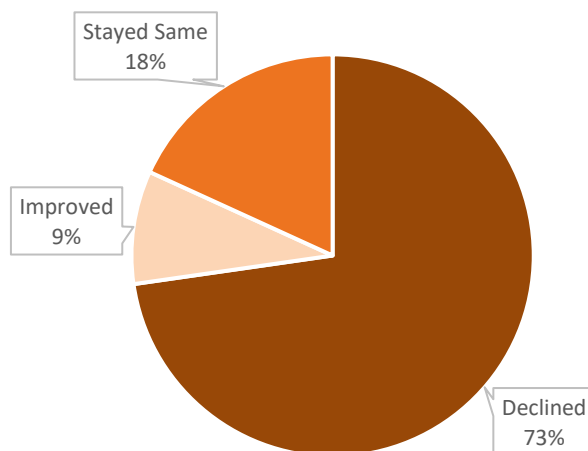
Key Stakeholder Interview Results

Question 1. In general, how would you rate the health and quality of life in Yavapai County?

On a scale of one to ten (with ten being the highest), the average response to the health of quality and life in Yavapai County was rated about 7. No respondent rated the average health of quality and life as 5 or lower. Only 3 respondents rated the quality of life as an 8 or higher.

Question 2. In your opinion has the health and quality of life in Yavapai County improved, declined, or stayed the same over the past few years?

Most respondents believe the overall health and quality of life in Yavapai County has declined over the past few years. Less than 10% feel it has improved, while 18% believe it has remained the same.



3. Why do you think it (health and quality of life in Yavapai County) has improved/declined/stayed the same?

COVID-19 and the pandemic were the top reasons provided for the decline in the overall health and quality of life in Yavapai County. Other common reasons provided include a lack of available health resources and an inability to afford health insurance.

“COVID, mental health, inflation, and anxiety are the main drivers of the decline.”

“We don’t have enough access to mental health, and there are issues with doctors and clinics closing.”

“Our community is losing good doctors. Some are retiring early because they hate pressure from the system and living in this area has become too costly.”

“We’ve had declining health performance and services in the past few years. There’s a monopoly situation with providers and there seems to be no incentive to improve.”

“People are delaying tests and check-ups.”

4. What other factors have contributed to the health and quality of life?

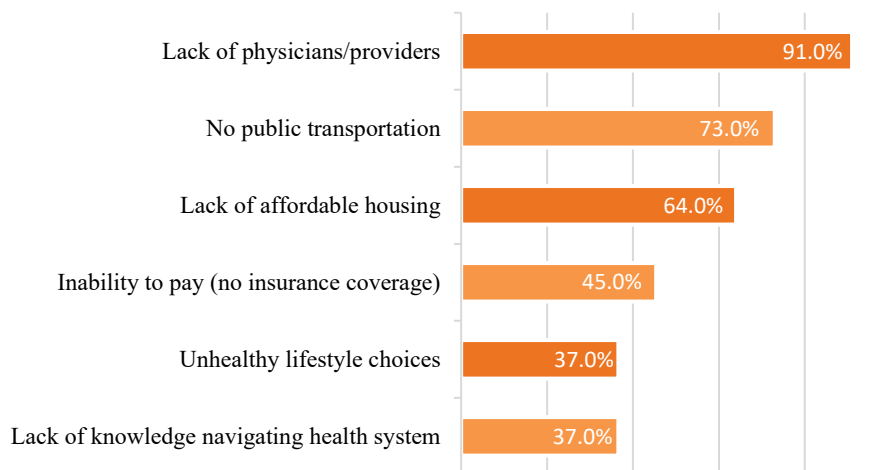
The county’s abundance of outdoor recreation activities was cited as one of the biggest contributors to a high quality of life and health. Other top responses include great cultural arts and good access to fresh produce.

“Many people choose to live here because of the weather; it’s a desirable place to live and retire.”

“We have many outdoor activities, hiking and water sports, local lakes, and hunting. It’s a wonderful place to live.”

5. What barriers, if any, exist to improving health and quality of life in Yavapai County?

Key stakeholders believe the most common barriers to health and quality of life are a shortage of primary care physicians and providers, lack of public transportation, lack of affordable housing, and inability to afford insurance or pay premiums.



“The county is divided by a mountain with two sides; transportation is a major barrier for many.”

“Those with low education don’t how to advocate for their own health.”

“People are delaying tests and checkups because they no longer have coverage.”

6. In your opinion, what are the most critical health and quality of life issues in Yavapai County?

There was a consensus that the drug epidemic with Fentanyl and other opioids was the most critical issue. Mental health, particularly loneliness and isolation among seniors and a high teen suicide rate, was a top concern as well. Other critical issues reflected responses provided to question five. A shortage of primary care physicians, lack of public transportation, and lack of affordable housing were listed as major issues affecting the health and quality of life within Yavapai County.

“Many suffer from mental health issues, but people have to transfer to other areas to get help because there aren’t enough resources here.”

“Drugs like opioids are terrible, but the state is working on creating better laws. There’s a big awareness campaign.”

“Housing is no longer affordable for many lower and low-mid income brackets.”

“Business are interested in this area but don’t come due to very high health insurance rates.”

7. What needs to be done to address these issues?

Respondents offered various approaches to addressing community issues. Most agreed that a well-organized community effort was needed to tackle prominent concerns. Housing, transportation, and additional government funding were mentioned as top priorities.

“Our community needs more apartments and affordable housing options.”

“We need a public transportation system that runs between communities.”

“We need better collaboration; organizations must work together.”

“There is no Urgent Care clinic in Chino Valley – it is desperately needed.”

“We need more government funding, especially for education and community improvements.”

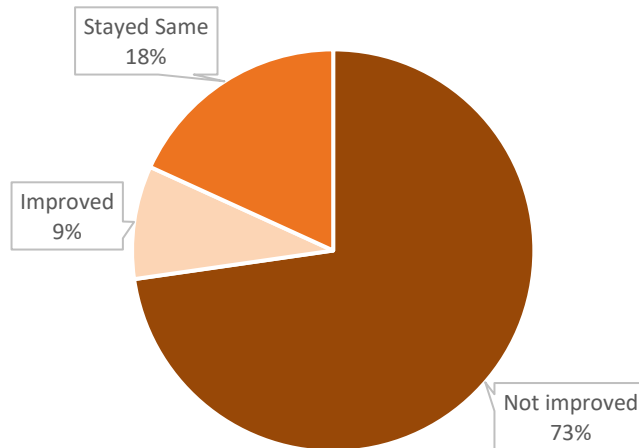
“Developers are building, but most housing is not affordable.”

“Prescott has a real need for more caregivers.”

“We need a single publication or resource that explains all the services.”

8. Do you think access to Health Services has improved over the last 3 years?

The majority (73%) of key stakeholders believe access to Health Services has not improved over the last three years. While some attributed the pandemic as the cause, others identified a loss of local medical staff as a key reason.



“It improved because YRMC was more innovative getting specialists and programs so people don't have to travel to Phoenix.”

“It has not improved because of Covid and an exodus of medical staff have hurt access to services.”

“Too many retired physicians have not been replaced.”

9. In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)? Please describe the challenges that keep individuals from seeking health care services.

- Not enough providers
- Lack of transportation
- COVID-19
- Finances – no insurance or cannot afford co-pays and rates
- Don't understand how to navigate health system and resources
- Too long to wait for an appointment
- Inconvenient hours/locations
- Lack of specialists/specialty services



"We have declined access; more people need services now and we have fewer specialists."

"During COVID, many visits went virtual. This hurt some who lack tech access/skills."

"The hospital cut the community's elder exercise program."

"We lost some doctors, a segment of population is still scared, some lost jobs and have no funding for care."

"Language is one barrier, especially in Prescott Valley and Chino Valley where there are more Latinos."

10. Please provide your thoughts on the accessibility of Mental Health services for residents of the community.

There were mixed responses regarding the accessibility of Mental Health services in the area. Some noted access has improved and multiple options are now available, yet others felt current services are inadequate and more providers are needed.

"It has expanded, several facilities now have a mental health crisis team and have on-site crisis center."

"There is still a stigma barrier for older residents, but younger generations are more aware and open."

"Almost no resources at all. Those that exist are inundated, and people can't get an appointment."

"There is currently a crisis center and the Area on Aging provides services. But more providers and services are needed."

11. Please describe your familiarity and/or perceptions regarding educational programs provided by the Medical Center.

Most Key stakeholders had a high awareness of the Medical Center's educational programs. Some felt there had been a decline in these programs over the past few years.

"They do a good job getting the word out on what they do. Their outreach is good and they partner with other organizations like nonprofits."

"They do sponsorships in the community and some of their leaders sit on local boards."

"They used to host health fairs, invite other organizations. Now you don't see them in public as much as before."

"I'm aware of the Pendleton Center and have heard of their dieticians and classes on Diabetes."

“They used to have a dynamic outreach program but lost key people recently.”

12. Are there any specialists (physicians) which are needed in the community? If so, what specialties are needed?

All respondents indicated a need for more specialists in the community. The specialty areas mentioned most were Urology and Neurology.

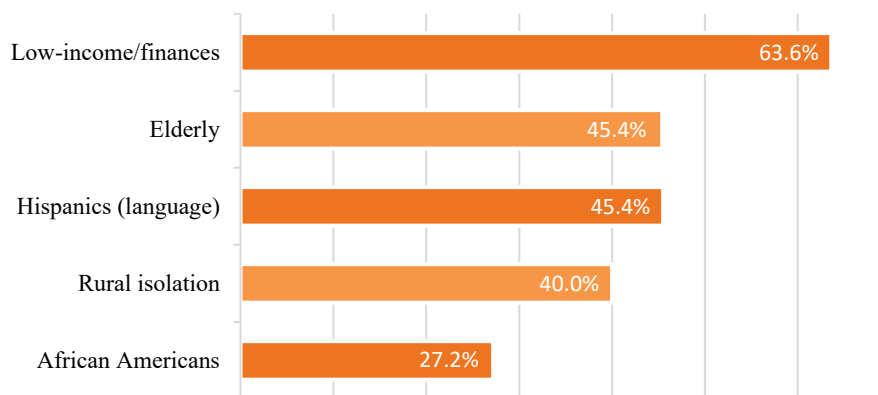
- Urologists
- Neurologists
- Orthopedics
- Cardiologists
- Endocrinologists
- Geriatrics
- Retinal/eyes
- OB-GYN
- Geriatrics
- Imaging

“There is a lack of specialists – many have to drive to Phoenix.”

“Can’t have babies in Prescott – have to drive to Prescott Valley.”

14. What groups of people in the community do you believe have the most serious unmet health care needs? Describe the causes.

Low-income individuals and families were identified as the biggest group in the community with unmet health care needs. Other groups with serious unmet needs include those with language barriers, the elderly, people living in rural areas, and those who have a distrust of public services.





“Children and young families, because the county caters to seniors since so many reside here.”

“Many are financially struggling and some earners don’t qualify for benefits.”

“Some Native American populations have clinics in tribes, but those are limited. Some are wary of public services.”

“There are certain groups here that have to deal with underlying prejudices, and that keeps them from getting adequate care.”

“Seniors and non-English speakers often don’t understand how to navigate the system.”

15. What is the most important issue that the hospital should address in the next 3-5 years to help improve the health of the community?

Respondents believe the most important issues that should be addressed are expanding the number of primary care physicians and lowering costs of patient services.

- Add more providers (improve/expand recruiting)
- Work on lowering costs of services
- Offer services to low-income
- Increase mental health services
- Partner with local organizations on education and preventive services

16. Is there anything else you would like to add?

(no comments provided)



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October 23, 2023

Vinny Gallegos
Central Yavapai Metropolitan Planning Organization
1971 Commerce Center Circle, Suite E
Prescott, AZ 86301

Mr. Gallegos,

We, the board of the Central Arizona Fire and Medical Authority Board, are writing to express our support for the Sundog Connector Road, which has been part of the area's master road plan for over 20 years, and additional roadways in our region.

Our area has seen a notable increase in development and residencies, as well as ever-increasing tourism. The increased traffic creates a greater risk of traffic collisions and impacts emergency response, causing delays. While fire and police agencies are investing in traffic preemption devices to improve safety for responders as well as the public, this investment alone is not enough. Additional corridors are needed to reduce traffic on our roadways and allow for a better flow of commuters between our communities.

It seems that the originators of the Sundog Connector Road recognized the potential for these increases and planned for future roadways to reduce traffic congestion. We recognize that further widening of State Route 69, while necessary, cannot be the only answer to the traffic impacts on that highway as it can only be widened so far. The Sundog Connector is one of many key components of a long-term plan and is a good start to better controlling traffic flow and improving the overall safety of our commuting public.

Development is not going to stop and having a sound plan for future roadways and infrastructure is key to smart growth. We would be foolish to think that an emergency on the scale of Paradise, CA or Lahaina, HI cannot happen here. It can, and the likelihood of it happening is higher than most wish to admit. Additional roads connecting neighborhoods and the various communities in our region are essential for public safety.

As the Board of the Central Arizona Fire and Medical Authority, we are concerned with the significant increase in congestion plaguing our current road network. We stand in support of the Sundog Connector project and others that will help ease congestion on

our roadways and provide better ingress-egress for emergencies. We thank you for your continued consideration and diligence as this and other projects move forward.

Should you need anything additional information, please contact the Central Arizona Fire and Medical Authority office at 928-772-7711.

Sincerely,

Matt Zurcher
Board Chair

Dave Dobbs
Board Clerk

Rick Anderson
Board Member

Gayle Pickett
Board Member

Lorette Stewart
Board Member



335 N. Fourth Avenue, Tucson, AZ 85705
t. 800.362.0150 f. 800.882.3991

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|---|---------------------|--|-------------|-------------|
| 1 | BAULEGACY213/E-1 | Bauer Legacy2 13/E-1, Compressor 208V or 230V Single Phase 13 scfm, 4-Stage, 6000 psig service, 10 hp Automatic drain system P2 SECURUS Grade E purification, 67,000 cu. ft. processed Interstage pressure gauges | \$24,025.00 | \$24,025.00 |
| 1 | BAULEGACY2-CO-RETRO | Legacy2 Retro CO Monitor Dealer Installed | \$4,475.00 | \$4,475.00 |
| 1 | BAUKIT-0623 | Portable HMI Kit (For Calibrating Co Monitor) | \$3,600.00 | \$3,600.00 |
| 1 | BAUCFS5.5/3PACKAGE | CFS5.5-3S standard scope of supply: Three position CFS NFPA Compliant Fill Station equipped with inlet pressure gauge adjustable regulator, regulated pressure gauge, fill control valve and fill pressure gauges. Including the following additions: Dual function, top mount, four bank cascade panel. The dual function feature offers the ability to refill a storage bank, even with the bank valve closed, while filling SCBA's from another bank. The system also include an air direction valve allowing the operator to select "filling from storage" or "filling direct from the compressor." Additionally the scope includes a remote fill hose | \$17,500.00 | \$17,500.00 |

Terms & Conditions of Sale: Prices quoted are firm for thirty (30) days unless otherwise noted. When you accept a quote it is our indication that you have selected any required changes, carefully reviewed all part numbers, descriptions, unit quantities, taxes, shipping, and handling charges. A 50% deposit is required on all engineered projects and orders for non-stock items without approved payment terms. United Fire accepts all major credit cards, cash, business checks, and EFT's. Automatic monthly and quarterly credit card billing options are offered for inspection and maintenance packaged services. We hope you use our products safely. In the event that an item needs to be replaced or returned we will attempt to make reasonable accommodations. In accordance with United Fire's return policy, a re-stocking fee may be applied at the time of a return. There is a \$35.00 fee for cancelling scheduled services within 24 Hours of a set appointment. The order process begins when you sign and accept the quote and make any required incremental payments. Orders do not ship until a full payment has been authorized via approved purchase order or credit card. There is a 1.5% per month late charge on all past due invoices. LIMITATION OF LIABILITY: The Seller's liability whether in contract, in tort, under any warranty, in negligence or otherwise, shall not exceed One Thousand Dollars (\$1000.00) and buyer's remedy or damages shall be limited to, the return of the purchase price paid. Under no circumstances shall seller be liable for consequential or special damages.

| Qty | Part Number | Description | Unit Price | Ext. Price |
|---|-----------------------|---|-------------|-------------|
| | | connection including bulkhead fitting, adjustable regulator for up to 6000 psig service, gauge, isolation valve, and quick connect/disconnect. | | |
| 1 | BAUHR/ REL-12/ N-C | Bauer Wall mounted hose reel kit, equipped with spring rewind reel and 50 ft. of hose rated for 6000 psig service. Does not include controls and if controlled from the fill station requires panel mounted remote fill option (Optional) | \$2,550.00 | \$2,550.00 |
| 1 | BAUHC6000-6/BANK/RCK | Six (6) 6000 PSIG UN Storage Cylinders with Vertical Racks | \$15,575.00 | \$15,575.00 |
| HIGH PRESSURE AIR HOSE REEL SYSTEM | | | | |
| 1 | HANFHN716-23-24-15.5G | Hannay High Pressure (6000 psig) Spring Tension Hose Reel Wall Mounted, Standard Roller Position (Optional - SELECTED) | \$1,115.00 | \$1,115.00 |
| 1 | HAN9908.9990 | Swivel Mounting Bracket (Wall Mount Option) (Optional - SELECTED) | \$135.00 | \$135.00 |
| 1 | HAN9922.0200 | Single Hose Ball Stop, 7/16" (Optional - SELECTED) | \$25.00 | \$25.00 |
| 75 | AUGFHOSE3 | Hose, 6000, PSI (Optional - SELECTED) | \$8.93 | \$669.75 |
| 1 | AUGFEND35 | Hose, End, JIC, FM (Optional - SELECTED) | \$9.62 | \$9.62 |
| 1 | AUGFEND34 | Hose, End, NPT, Male (Optional - SELECTED) | \$9.62 | \$9.62 |
| 1 | AUG4-4-GTX-S | JIC Female Adaptor (Optional - SELECTED) | \$3.40 | \$3.40 |
| 1 | AUG4-4-FTX-S | JIC Male to 1/4 Male Pipe (Optional - SELECTED) | \$4.35 | \$4.35 |
| 1 | AUGCGA-347AH | Adapter,CGA347 F x 1/4 NPT M (Optional - SELECTED) | \$31.00 | \$31.00 |
| INSTALLATION | | | | |
| 1 | MISC. | Fittings, Hose & Accessories i.e. Flex Hoses, 6000 PSI, Hose, Ends, JIC, FM, Elbows,90 deg,1/4 JIC M X F NPT, Straps etc.. | \$500.00 | \$500.00 |
| 1 | MISC | BAUER TECH CLASS IN LIVERMORE, CA. COST OF CLASS ONLY FOR ONE PERSON DOES NOT INCLUDE TRANSPORTATION, LODGING, OR MEALS | \$0.00 | \$0.00 |
| 1 | ICOMPRESSOR | Installation, Startup, Initial Air Test, and Training for all Instructors on Safe Operation of Breathing Air System. INVOICED SEPARATELY | \$1,750.00 | \$1,750.00 |
| 1 | FRT | Freight is Estimated, State if Hydraulic Lift is Necessary. | \$4,500.00 | \$4,500.00 |

NOTES

[NOTE A:] Customer Responsibilities:

- 1) Removal of the compressor from freight delivery vehicle
- 2) Placement of Equipment (The unit does not need to

Terms & Conditions of Sale: Prices quoted are firm for thirty (30) days unless otherwise noted. When you accept a quote it is our indication that you have selected any required changes, carefully reviewed all part numbers, descriptions, unit quantities, taxes, shipping, and handling charges. A 50% deposit is required on all engineered projects and orders for non-stock items without approved payment terms. United Fire accepts all major credit cards, cash, business checks, and EFT's. Automatic monthly and quarterly credit card billing options are offered for inspection and maintenance packaged services. We hope you use our products safely. In the event that an item needs to be replaced or returned we will attempt to make reasonable accommodations. In accordance with United Fire's return policy, a re-stocking fee may be applied at the time of a return. There is a \$35.00 fee for cancelling scheduled services within 24 Hours of a set appointment. The order process begins when you sign and accept the quote and make any required incremental payments. Orders do not ship until a full payment has been authorized via approved purchase order or credit card. There is a 1.5% per month late charge on all past due invoices. LIMITATION OF LIABILITY: The Seller's liability whether in contract, in tort, under any warranty, in negligence or otherwise, shall not exceed One Thousand Dollars (\$1000.00) and buyer's remedy or damages shall be limited to, the return of the purchase price paid. Under no circumstances shall seller be liable for consequential or special damages.

| Qty | Part Number | Description | Unit Price | Ext. Price |
|-----|-------------|--|-----------------|--------------------|
| | | <i>be bolted or permantly mounted to the floor)</i> <i>3) Proper Electrical hook up, (by certified electrician), to compressor before start up. It is preferred to have the final conection to the compressor coordinated at the time the compressor is placed into service by the Bauer technician.</i> <i>4) The unit must NOT be started prior to the installion process. Prior start-up not performed by a certified Bauer techician & inspection will result in voiding the warranty.</i> | | |
| | | | SubTotal | \$73,927.74 |
| | | | Tax | \$5,481.90 |
| | | | Shipping | \$0.00 |
| | | | Total | \$79,409.64 |

Please contact me if I can be of further assistance.

Terms & Conditions of Sale: Prices quoted are firm for thirty (30) days unless otherwise noted. When you accept a quote it is our indication that you have selected any required changes, carefully reviewed all part numbers, descriptions, unit quantities, taxes, shipping, and handling charges. A 50% deposit is required on all engineered projects and orders for non-stock items without approved payment terms. United Fire accepts all major credit cards, cash, business checks, and EFT's. Automatic monthly and quarterly credit card billing options are offered for inspection and maintenance packaged services. We hope you use our products safely. In the event that an item needs to be replaced or returned we will attempt to make reasonable accommodations. In accordance with United Fire's return policy, a re-stocking fee may be applied at the time of a return. There is a \$35.00 fee for cancelling scheduled services within 24 Hours of a set appointment. The order process begins when you sign and accept the quote and make any required incremental payments. Orders do not ship until a full payment has been authorized via approved purchase order or credit card. There is a 1.5% per month late charge on all past due invoices. LIMITATION OF LIABILITY: The Seller's liability whether in contract, in tort, under any warranty, in negligence or otherwise, shall not exceed One Thousand Dollars (\$1000.00) and buyer's remedy or damages shall be limited to, the return of the purchase price paid. Under no circumstances shall seller be liable for consequential or special damages.

Master Consulting Agreement

THIS MASTER CONSULTING AGREEMENT (the “MCA” and together with any Statement of Work(s) (“SOW”) issued hereunder, the “Agreement”) between **The Segal Group, Inc.**, a Delaware corporation, with its principal place of business at 333 West 34th Street, New York, New York 10001-2402, on behalf of itself and its operating subsidiaries and its affiliates¹, (collectively, “Segal”), and **Central Arizona Fire and Medical Authority**, with its principal place of business at 8603 East Eastridge Drive, Prescott Valley, Arizona 86314, United States (“Client”) is made effective as of **October 16, 2023** (the “Effective Date”). Segal and Client will also be referred to herein individually as a “Party” and jointly as the “Parties”.

1. Services.

- (a) **Services.** Segal will provide certain employee benefits consulting and related services to Client (“Services”) as set forth in one or more SOWs, a form of which is attached hereto, signed by both Parties. The execution of an SOW by any of Segal’s affiliates, specifically referencing this Agreement, is an agreement by and between the applicable Segal entity and Client. Each SOW is subject to and incorporates the terms and conditions of this MCA by reference. For the avoidance of doubt, this Agreement does not cover (i) investment consulting and advisory services provided by Segal Advisors, Inc. (d/b/a/ Segal Marco Advisors) or (ii) specialized insurance brokerage and related services provided by Segal Select Insurance Services, Inc.
- (b) **Standard of Care.** All Services rendered under this Agreement will be performed by competent personnel with at least the same degree of care and skill exercised by reputable providers of similar services and in accordance with all applicable laws, regulations and professional standards. Segal’s Services do not include rendering legal, tax or accounting advice or the acceptance of fiduciary responsibility under the Employee Retirement Income Security Act of 1974, as amended, and the regulations promulgated thereunder (“ERISA”) or other laws. Client acknowledges and agrees that Segal will not have any liability or responsibility whatsoever for (i) the acts or omissions of Client’s employees, agents and other service providers (whether current or past), (ii) Client’s condition or status prior to Segal’s retention as a service provider, (iii) the long-term impact of such acts, omissions, condition or status, or (iv) the veracity or accuracy of data received from or on behalf of Client.

2. Term and Termination.

- (a) **Term.** The term of this Agreement will commence on the Effective Date and continue in effect until **October 16, 2028** (the “Initial Term”), unless earlier

¹ This agreement governs services provided by the following legal entities: The Segal Company (Eastern States), Inc. (EIN: 13-1835864), a New York corporation; The Segal Company (Southeast), Inc. (EIN: 13-2619259), a Georgia corporation; The Segal Company (Midwest), Inc. (EIN: 13-1975125), an Illinois corporation; The Segal Company (Western States), Inc. (EIN: 94-1503999), a Maryland corporation and The Segal Company, Ltd. (EIN: 13-2776405), a Michigan corporation, authorized to conduct business in Canada.

terminated by a Party in accordance with Section 2(b) of this Agreement. Notwithstanding the foregoing, should any SOW entered into during the Initial Term or any renewal or extension term require Services to be performed beyond the expiration or termination of this MCA, the terms of this Agreement shall remain in full force and effect until the expiration or termination of such SOW.

- (b) **Termination.** Either Party may terminate this MCA or any SOW upon at least sixty (60) calendar days' written notice, or such shorter period as may be required by applicable law or as set forth in an SOW. Upon termination of this Agreement, the Parties agree and understand that any corresponding business associate agreements (each a "BAA") and/or personal information processing agreements (each a "PIPA") shall terminate under the same terms, subject to any data retention, return and destruction provisions contained therein.

3. Fees and Expenses

- (a) **Fees.** Segal's fee for the Services will be set forth in the applicable SOW.
- (b) **Expenses.** Client will reimburse Segal for any reasonable expenses incurred in connection with providing the Services, unless otherwise expressly set forth in an SOW. Additionally, if Segal is requested or compelled to participate in actual or anticipated disputes, investigations, arbitrations, litigation or other dispute resolution proceedings (each an "Action") as a result of its relationship with Client, Client will reimburse Segal for all reasonable costs (including, but not limited to, Segal time spent and costs incurred in connection with responding to subpoenas and other document requests) and fees, including attorney's fees, that Segal incurs, during or after the term of this Agreement, except where Segal is itself a party to such Action.
- (c) **Invoices and Payment.** Unless otherwise set forth in the applicable SOW, Segal will bill ongoing annual retainer fees quarterly in advance and hourly-time charges monthly in arrears. Segal will bill for permitted expenses incurred as soon as practicable. All sums are payable in United States dollars. All undisputed invoices (or portions thereof) will be paid by Client within thirty (30) days of receipt by electronic funds transfer (e.g. ACH or wire) in immediately available funds, as specified in the applicable invoice. If, within forty-five (45) days of the invoice date, Segal has not received payment for any undisputed fees or expenses payable hereunder, Segal may assess a late payment fee equal to the lower of (i) the highest interest rate permitted under applicable law or (ii) 2% interest per month, until such fees and/or expenses are paid in full. Upon termination of this Agreement, Segal will be compensated for all work performed up until the date of Termination.
- (d) **Indirect Compensation.**
 - (i) **General.** Other than commissions from the placement of insurance policies, as described below and set forth in the SOW, Segal does not anticipate receiving indirect compensation in connection with providing Services under this Agreement.

- (ii) **Insurance Commissions.** Segal is a licensed insurance producer. In the course of providing Services related to health and welfare plans or benefits, the Client may appoint Segal as its broker of record and Segal may place insurance policies for Client. Acting in this capacity and consistent with applicable law, Segal may earn commissions from the placement of insurance policies. Prior to placing any commission-bearing insurance policy on Client's behalf, the Parties will enter into an additional compensation disclosure agreement describing all compensation paid or payable to Segal in connection with Client's purchase of insurance. If this Agreement is terminated or Client removes Segal as its broker of record, consistent with applicable insurance law, Segal will retain all commissions received prior to the date of termination or removal.

Segal also participates in contingent compensation programs with insurance carriers, which may result in additional compensation to Segal from the Client's insurance carrier(s). Segal has established procedures to prevent its participation in any contingent compensation programs from influencing the neutrality in recommending insurance products and uses such contingent compensation to offset firm-wide operating expenses and improve client support services.

(e) **ERISA Acknowledgements.**

- (i) **Client Fiduciary Authority.** If Client is an employee benefit plan, each person(s) signing this Agreement is doing so in his/her capacity as representative or agent of the plan's "Named Fiduciary" (as defined by ERISA). The Named Fiduciary acknowledges that it has sole authority to select the plan's service providers and has responsibility to determine whether the service arrangements, including compensation paid, are reasonable.

(ii) **ERISA Fee Disclosures.**

- (1) **Health and Welfare Plans.** Segal acknowledges that it is a "covered service provider" within the meaning of Section 408(b)(2) of ERISA when providing Services to health and welfare plans and will disclose any fees and other compensation it receives in accordance with the requirements of with ERISA Section 408(b)(2). This Agreement describes the Services and Segal's direct compensation for Services. If Segal receives any indirect compensation (as described in Section 3(d) above), Segal will provide an annual statement describing the indirect compensation it received in the previous plan year. The Named Fiduciary agrees and acknowledges that it has received a copy of this Agreement for review reasonably in advance of entering into this Agreement and that the designation of Segal as a service provider, and any other transactions contemplated by this Agreement, are consistent with and permissible under the plan documents.

- (2) **Pension Plans.** If Segal receives any indirect compensation in connection with providing services to pension plans, it will be a “covered service provider” within the meaning of Section 408(b)(2) of ERISA and will disclose any fees and other compensation it receives in accordance with the requirements of with ERISA Section 408(b)(2). This Agreement describes the Services and Segal’s direct compensation for Services. If Segal receives any indirect compensation (as described in Section 3(d) above), Segal will provide an annual statement describing the indirect compensation it received in the previous plan year. The Named Fiduciary agrees and acknowledges that it has received a copy of this Agreement for review reasonably in advance of entering into this Agreement and that the designation of Segal as a service provider, and any other transactions contemplated by this Agreement, are consistent with and permissible under the plan documents.

A copy of Segal’s firm-wide ERISA Section 408(b)(2) fee disclosure is available at <http://www.segalco.com/disclosure-of-compensation>.

4. Information and Ownership.

- (a) **Client Information.** Client agrees to supply to Segal (either directly or through Client’s agents and representatives) on a timely basis all of the data, documentation and information (e.g., current plan design and plan documents, information concerning all plan participants and beneficiaries) reasonably needed by Segal to perform the Services (“Client Information”), in a usable format. If Client Information is not provided in a usable format, Segal may charge Client for actual costs incurred in converting it to a usable a format. Segal will have the right to reasonably rely on the accuracy and completeness of Client Information and will have no responsibility for independently verifying or checking Client Information for accuracy or completeness. Client will notify Segal promptly upon gaining knowledge of any material change to Client Information. Client acknowledges and agrees that Segal shall have no liability for errors resulting from latent defects in Client Information or Client’s failure to notify Segal of changes to Client Information.
- (b) **Ownership of Client Information.** Client Information is and will remain the sole and exclusive property of Client. In addition to the Services, Segal is authorized to use Client Information for internal purposes and may aggregate Client Information with other data collected by Segal and distribute such data, or analysis of such data, to third parties, provided such distributed data does not identify Client or any Client participants or beneficiaries. Further, Segal is expressly authorized to include Client’s name and logo/trademark in a list of representative clients for marketing and/or sales purposes. For the avoidance of doubt, Segal will not sell or otherwise receive remuneration for Client Information or materials derived from Client Information.
- (c) **Ownership of Deliverables.** Client acknowledges that, in providing the Services, Segal will distribute or make available certain proprietary materials (“Segal’s

Proprietary Information”), including, but not limited to, publications, software, know-how, techniques, methodologies and report formats. Except to the extent that they are or incorporate Segal’s Proprietary Information, all documents, data, and other tangible materials authored or prepared and delivered by Segal to Client under the terms of this Agreement (collectively, the “Deliverables”), are the sole and exclusive property of Client, once paid for by Client. To the extent that Segal’s Proprietary Information is incorporated into such Deliverables, Client will have a perpetual, fully paid, non-exclusive, non-transferable and non-sublicensable right to use, copy, and modify Segal’s Proprietary Information as part of the Deliverables internally and for their intended purpose. Segal will not have any responsibility or liability for use of any Deliverable in any manner other than for the intended purpose.

5. Confidentiality and Data Privacy.

- (a) **Confidential Information.** Confidential Information includes (i) Client Information; (ii) Segal’s Proprietary Information; and (iii) any other information clearly identified by a Party as confidential at the time of disclosure or that a reasonable person should understand to be confidential or proprietary in nature.

Confidential Information will not include information which: (i) is or becomes a part of the public domain through no fault of the receiving Party; (ii) was in the receiving Party’s lawful possession prior to the disclosure; (iii) is disclosed by the disclosing Party without restriction on disclosure; (iv) is independently developed by the receiving Party without reliance on the disclosing Party’s Confidential Information; (v) is required to enforce a Party’s rights hereunder; or (vi) is required to be disclosed by a governmental authority or pursuant to a subpoena, provided that to the extent not prohibited by applicable law, the receiving Party gives the disclosing Party a reasonable opportunity to contest the disclosure and/or seek any available protections for the Confidential Information.

- (b) **Obligations Related to Confidential Information.** With respect to a disclosing Party’s Confidential Information, the receiving Party agrees to:

- (i) Not use or disclose Confidential Information for any reason other than the reason it was disclosed or as otherwise permitted by this Agreement (the “Purpose”), without the express permission of the disclosing Party;
- (ii) Not misappropriate or use Confidential Information in order to intentionally damage the disclosing Party’s business or reputation or otherwise gain a competitive advantage over the disclosing Party;
- (iii) Only disclose, or otherwise make available, Confidential Information to those of its affiliates, officers, employees and agents (“Representatives”) who have a legitimate need to know the Confidential Information in furtherance of the Purpose and have been made aware of the obligations of this Agreement and their responsibility for complying with those obligations. The receiving Party acknowledges that it is fully responsible for a breach of this Agreement by its Representatives;

- (iv) Notify the disclosing Party promptly upon becoming aware of any unauthorized use, disclosure or release of Confidential Information of which it is aware.
- (c) **Cybersecurity.** Segal maintains procedures, consistent with industry standards and applicable regulatory guidance (including the US Department of Labor's Cybersecurity Program Best Practices) and as required by law, to ensure the security of all data maintained on Segal's information technology systems. In addition, Segal maintains a reasonable and appropriate business continuity/disaster recovery program. Segal agrees to provide Client with any information Client reasonably requests related to Segal's information security protocols and disaster recovery program, provided that such information will be treated by Client as Confidential Information and not disclosed to any third party without Segal's consent.
- (d) **Personal Information.** Segal acknowledges that Client Information may include personally identifiable information ("PII") related to Client's employees and/or participants and beneficiaries under Client's sponsored employee benefit plans, including, but not limited to Personal Information ("PI"), as such term is defined in the California Consumer Privacy Act of 2018 ("CCPA"), as amended, and Protected Health Information ("PHI"), as such term is defined in the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH") and the American Recovery and Reinvestment Act of 2009 ("ARRA") (together "HIPAA"), and the regulations promulgated thereunder (the "HIPAA Rules"). Prior to Segal's receipt of PII, PHI, or PI, the Parties will enter into a BAA and/or a PIPA that set out the additional terms, requirements, and conditions on which Segal will obtain, handle, process, disclose, transfer, or store PII when providing services under this Agreement. The PIPA and/or BAA will be attached to this Agreement. In the event of any conflict or ambiguity between:
 - (i) any provision contained in this Agreement, including any attachments, amendments or addendums thereto, and any provision contained in the body of any PIPA, the provision in the body of the PIPA will prevail;
 - (ii) any provision contained in this Agreement or the PIPA, including any attachments, amendments or addendums thereto, and any provision contained in the body of any separately executed BAA between the Parties, the provision in the body of such BAA will prevail with respect to PHI.

6. Liability and Insurance.

- (a) **Force Majeure.** Neither Party will be in default or otherwise liable for any delay in or failure of its performance under this Agreement where such delay or failure arises by reason of any Act of God, act or failure to act by a governmental body, the elements, strikes or labor disputes, global pandemic, or other cause beyond the control of such Party.

- (b) **Remedies.** SEGAL WILL NOT BE LIABLE UNDER ANY LEGAL OR EQUITABLE THEORY, WHETHER IN CONTRACT OR IN TORT, FOR ANY INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR PUNITIVE DAMAGES OR COSTS (WHETHER OR NOT SEGAL HAS BEEN ADVISED OF OR COULD HAVE FORESEEN THE POSSIBILITY OF SUCH DAMAGES), OR FOR ANY LOST PROFITS, APPRECIATION, EARNINGS, OR SAVINGS, OR FOR ANY CLAIMS AGAINST CLIENT BY ANY OTHER PARTY.

SEGAL'S LIABILITY FOR DIRECT DAMAGES INCURRED BY CLIENT WILL NOT EXCEED THE FEES PAID TO SEGAL DURING THE PRECEDING TWELVE-MONTH PERIOD.

NOTHING IN THIS SECTION WILL ACT TO RELIEVE SEGAL FROM ANY RESPONSIBILITY, LIABILITY OR DUTY WHICH SEGAL MAY NOT DISCLAIM UNDER APPLICABLE FEDERAL OR STATE LAWS, INCLUDING ERISA.

- (c) **Insurance.** Segal is, and will continue to be while performing Services, insured by insurers of recognized financial responsibility against such losses and risks and in such amounts as are prudent and customary in the businesses in which Segal is engaged, including, but not limited to, professional liability and cyber liability coverage. A description and evidence of such insurance coverage will be provided by Segal upon request.

7. **Notices.** Any notices or other communications under this Agreement will be in writing and will be given to the Parties at the addresses set forth below:

If to Client, to:

Central Arizona Fire and Medical
Authority
8603 East Eastridge Drive
Prescott Valley, Arizona 86314
United States
Attention: Scott Freitag
sfreitag@cazfire.gov

If to Segal, to:

The Segal Group
333 West 34th Street
New York, New York 10001
United States
Attention: General Counsel
Contract_Notice@segalco.com

Copy to:

Carol Mercer
cmercer@segalco.com

Notices will be deemed to have been received upon the earlier of actual receipt thereof or, with respect to delivery (i) by electronic mail, upon confirmation of receipt, whether telephonically or by electronic transmission; (ii) by overnight courier or overnight express mail, the next business day following delivery to such overnight courier or the U.S. Postal Service; and (ii) by mail, the fifth business day following such delivery to the U.S. Postal Service. Any Party may change the contact information above by written notice to the other.

8. **Dispute Resolution; Governing Law; Waiver of Jury Trial.** Any disputes between the Parties hereto are subject to mediation in accordance with the Judicial Arbitration and Mediation Service (“JAMS”) as a condition precedent to the commencement of any legal proceeding hereunder. Except to the extent superseded by federal law, the validity, interpretation, enforceability, and performance of this Agreement will be governed by the laws of the State of New York. Unless otherwise agreed by the Parties, any dispute, controversy or claim arising out of or to enforce the terms of this Agreement may only be brought in the appropriate federal or state court in the State of New York, New York County. **THE PARTIES AGREE TO WAIVE ANY RIGHT TO A TRIAL BY JURY IN ANY ACTION, SUIT, OR PROCEEDING ARISING OUT OF THIS AGREEMENT.**

9. **General**

- (a) **Entire Agreement; Modification of Agreement.** This MCA, along with the applicable SOW(s) constitutes the entire agreement between the Parties regarding the furnishing of the Services and supersedes all prior oral or written understandings between the parties. Neither party has relied on any promises, representations, or warranties except as expressly set forth in this Agreement. No modification or amendment hereto will be valid unless it is in writing and signed by the Parties.
- (b) **Assignment of the Agreement.** A Party may only assign this Agreement with the other Party’s prior written consent, except that either party may assign this Agreement: (i) to any of its affiliates or subsidiaries (whether existing now or in the future); (ii) in connection with the transfer or sale of all or substantially all of its assets or business or business to which this Agreement relates or (iii) its merger or consolidation with another company. No assignment will discharge a party from its obligations or duties under **Section 4 (Information and Ownership)**, **Section 5 (Confidentiality and Data Privacy)** and **Section 6 (Liability and Insurance)** of this Agreement. This Agreement will be binding upon both Parties hereto, and their respective successors and assigns.
- (c) **Subcontractors and Sub-advisers.** Client understands and agrees that Segal may, from time to time, consult with or receive services from subcontractors in connection with providing the Services under this Agreement.
- (d) **Non-Solicitation.** While this Agreement is in effect and for eighteen (18) months thereafter, Client agrees to not directly solicit for employment any Segal employees directly involved in providing any Services or otherwise induce such individuals to terminate their relationship with Segal. The preceding sentence will not prohibit Client from considering for employment any Segal employee or former employee who (i) seeks employment with Client in response to a general advertisement by Client or (ii) is identified in the course of employment searches by an independent third party retained by Client (so long as the search is not directed toward Segal’s employees).
- (e) **Survival of Terms.** The provisions of **Section 4 (Information and Ownership)**, **Section 5 (Confidentiality and Data Privacy)**, **Section 6 (Liability and Insurance)**, **Section 8 (Dispute Resolution; Governing Law; Waiver of Jury Trial)** and **Section 9 (General)** will survive the termination of this Agreement.

- (f) **Severability and Waiver.** If any provision of this Agreement is found to be illegal or otherwise unenforceable, that provision will be severed and the remainder of this Agreement will remain in full force and effect. No consent to or waiver of any default hereunder will be effective unless in writing and no such consent or waiver will be construed as a consent to or waiver of any default in the future or of any other default hereunder.
- (g) **Authority to Enter Agreement.**
- (i) Segal represents and warrants that: (A) it has all necessary power and authority to enter into this Agreement; (B) the person signing has been duly authorized to execute this Agreement on its behalf; (C) the execution and delivery of this Agreement and any action contemplated herein does not conflict with, or violate, any provision of law, rule or regulation, contract, deed of trust or other instrument to which it is a party or otherwise bound; (D) this Agreement is a valid and binding contract enforceable against it; and (E) to its knowledge, it is in compliance with all applicable law and regulation related to its performance pursuant to the terms of this Agreement.
 - (ii) Client represents and warrants that: (A) it has all necessary power and authority to enter into this Agreement; (B) the person signing has been duly authorized to execute this Agreement on its behalf, (C) the execution and delivery of this Agreement and any action contemplated herein does not conflict with, or violate, any provision of law, rule or regulation, contract, deed of trust or other instrument to which it is a party or otherwise bound; (D) this Agreement is a valid and binding contract enforceable against it; and (E) to its knowledge, it is in compliance with all applicable law and regulation related to its performance pursuant to the terms of this Agreement.
- (h) **No Third Party Beneficiaries.** This Agreement (and any amendment or addendum thereto) is made and entered into solely for the benefit and protection of the Parties hereto, their successors and permitted assigns, and does not confer any rights or privileges upon any third parties, including any participant or beneficiary of Client.
- (i) **Independent Contractors.** Nothing in this Agreement shall make Segal and Client partners, joint venturers, or otherwise associated in or with the business of the other. Segal is and shall always remain an independent contractor. Neither Party shall be liable for any debts, accounts, obligations, or other liabilities of the other Party, its agents, or employees. The Parties are not authorized to incur debts or obligations of any kind, on the part of or as agent for the other except as may specifically be authorized in writing.
- (j) **Counterparts.** This Agreement may be executed in any number of counterparts using ink or electronic signatures, each of which will be deemed an original. Facsimile or other electronic copies (e.g., PDF) thereof will be deemed to be originals.

[Execution Page Follows]

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

The Segal Group, Inc.

Central Arizona Fire and Medical Authority

By: *Carol L Mercer*

By: *Scott Freitag*

Name: Carol Mercer

Name: Scott Freitag

Title: Vice President







Title: Fire Chief

Date: 10 / 12 / 2023

Date: 10 / 12 / 2023

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|  SENT | 10 / 11 / 2023 12:59:20 UTC | Sent for signature to Carol Mercer (cmercerc@segalco.com) and Scott A. Freitag (sfreitag@cazfire.gov) from admin@ironclad.ai IP: 35.247.59.63 |
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|  SIGNED | 10 / 12 / 2023 20:16:48 UTC | Signed by Scott A. Freitag (sfreitag@cazfire.gov) IP: 174.240.19.85 |
|  COMPLETED | 10 / 12 / 2023 20:16:48 UTC | The document has been completed. |



Statement of Work No. 2 Compensation Consulting Services

THIS STATEMENT OF WORK (“SOW”), effective as of October 16, 2023 (the “Effective Date”), is entered into by the **Central Arizona Fire and Medical Authority** (“Client”) and **The Segal Company (Western States), Inc.** (for purposes of this SOW, “Segal”) pursuant to the Master Consulting Agreement dated as of October 16, 2023 entered into between Client and The Segal Group, Inc. as may be amended from time to time (the “MCA”), and shall be attached hereto and incorporated herein by reference. Unless otherwise defined herein, all capitalized terms used herein shall have the meanings ascribed to such terms in the MCA. In the event of a conflict between the specific provisions of this SOW and the provisions of the MCA, the provisions of this SOW shall control.

1. SOW Services and Deliverables.

CAFMA has requested a condensed version of the market study that was conducted in 2020. Specifically, the Authority would like to update the wage data for the purposes of setting market-based wages. Based on the last study, we understand that there are approximately 30-35 unique jobs that need to be benchmarked. We also understand that this year there will be thirteen peers to be surveyed via a custom survey. These peers will be discussed with CAFMA and finalized at the beginning of the survey.

Proposed Work Plan

Step 1: Project Initiation

Initial Meeting

The first task of this project will be to meet with CAFMA's Leadership Team. The purpose of the meeting is to:

- Confirm benchmarks and peers
- Finalize the timeline and specific dates for deliverables
- Establish parameters and protocols for keeping the Project Team updated and informed
- Identify data or information needed to support the overall assignment

This meeting will help identify a clear project strategy that will facilitate a smooth and effective working relationship resulting in a successful outcome for the Authority.

Conduct Stakeholder Interviews

In addition to the initial meeting with Senior Leadership, we propose to conduct three focus groups with key stakeholders.

The purpose of these interviews is to better understand any changes that have taken place since the 2020 study. We expect our interviews will cover changes regarding the following topics:

- Organizational structure
- Key priorities
- Job responsibilities
- Competitive markets for talent/comparator peers

For pricing purposes, we have assumed that we will conduct up to three hours of stakeholder interviews.

Step 2: Salary Market Assessment

In this step, we recommend conducting a customized survey of the eighteen peers Segal received data from in the custom survey and augmenting with data from three published survey sources. This, of course, will be discussed with CAFMA before moving forward.

Utilizing Custom Survey and Published Data Sources

| | |
|--------|--|
| Task 1 | Confirm peers and published survey sources. |
| Task 2 | Design a custom survey instrument to be distributed to collect ranges and actual pay. |
| Task 3 | Distribute surveys to each peer institution; follow up and collect completed surveys Collect other information through published sources. |
| Task 4 | Compile job matches from survey respondents and published data into draft data tables |
| Task 4 | Review and discuss preliminary job matches with CAFMA (usually done using a spreadsheet and introduction to the data with discussion on any recommended changes). |
| Task 5 | Combine survey response pay data (scheduled pay ranges) with published pay data (aggregated percentiles) for the identified job matches. Prepare data tables and charts. |
| Task 6 | Discuss and finalize data with CAFMA (via virtual working session) |
| Task 7 | Prepare and present a comprehensive report and presentation |

2. **Timing.** Project to be completed by January 31, 2024.

3. **Client Understandings.**

- (a) **Client Representative.** Client shall appoint a representative with full authority to provide or obtain any necessary information and approvals required to enable Segal to perform the SOW Services. Client's representative shall be responsible

for coordination of briefing, review, and the decision-making process with respect to Client's employees, agents and other service providers.

- (b) **Active Participation and Cooperation.** Client understands that Segal's ability to provide Services in a timely manner is dependent upon Client's active participation and adherence to any agreed upon schedules. Segal will not have any liability or responsibility for delays resulting from Client's (or its agents') failure to provide Client Information (as defined in the MCA) in a timely and complete manner. Client acknowledges that Segal will rely the Client Information available at the time of the work and Segal makes no representation or warranty with regards to Client's actual future experience.
- (c) **Limitations on Services.** Segal cannot and will not provide any legal opinion or similar advice related to application of laws, regulations, rulings and court decisions. Client is solely responsible for consulting legal counsel or otherwise ensuring that all actions taken are legally permissible or appropriate.

4. **Fees and Expenses.**

- (a) **Professional Fees.** Segal's fee for the SOW Services is \$55,000.00.

5.

| Project Step | Fixed Fee |
|---|-----------------|
| Step 1: Project initiation Assumes the following: <ul style="list-style-type: none">• Meet virtually with the Authority's Project Team to kick off the project• Conduct three stakeholder focus groups, virtually• Collect and review Authority's compensation data | \$10,000 |
| Step 2: Compensation market assessment Assumes the following: <ul style="list-style-type: none">• Develop a customized compensation salary market survey document with up to 35 benchmark job titles• Up to 13 authorities/fire departments• Base pay only, does not include other benefits• Use of 3 published survey sources• Does not include salary structure development• One draft and one final report of the market study findings | \$35,000 |
| Step 3: Present final results to the Authority Assumes we develop and deliver one presentation, via video conference, to senior management | \$10,000 |
| Total Fixed Fee | \$55,000 |

For greater flexibility in meeting scheduling and planning, we assume all meetings will be conducted virtually.

Our 2023 hourly rates are shown below, along with estimated hours per staff level.

| Role | Hourly Rate |
|--------------------------------------|----------------|
| Senior Vice President/Vice President | \$500 to \$620 |
| Consultant/Senior Consultant | \$305 to \$420 |
| Senior Associate/Associate | \$225 to \$265 |

- (a) **Expenses.** Segal's fee is inclusive of all anticipated expenses in connection with the SOW Services. In the event that Segal incurs unusual or unexpected expenses in the course of providing the SOW Services, Segal will bill such expenses without markup.
6. **Billing.** Notwithstanding Section 3(c) of the Agreement, Segal will bill its fees in four installments: three installments of \$15,000 and one final installment of \$10,000.
7. **Service and Fee Modifications.**
- (a) In the event that the scope of work under this SOW materially changes, the Parties will execute a mutually agreed upon change order setting forth any changes to the services, deliverables, schedule and/or fees under this SOW.
- (b) Additionally, if as a result of circumstances beyond Segal's control, Segal is required to spend significantly more time than anticipated in performing the SOW Services, Segal will inform Client and may bill separately for those services.
8. **Term and Termination.**
- (a) This SOW will commence on the Effective Date and terminate upon completion of all SOW Services, except as set forth below.
- (b) Client may terminate this SOW upon sixty (60) calendar days' written notice (the "Notice Period") if Segal does not materially comply with its obligations under this SOW and Segal has not cured or developed a plan for cure during the Notice Period.
9. **Authority.** The signatures below indicate agreement by the Parties to the terms and conditions set forth in this SOW. This SOW may be executed in any number of counterparts using ink or electronic signatures, each of which will be deemed an original. This signed SOW constitutes authorization for Segal to begin provision of the Services and Segal agrees to commence such Services promptly upon receipt of a full-executed copy of this SOW.


* * * * *

Execution Page Follows

IN WITNESS WHEREOF, the Parties have executed this SOW as of the Effective Date.

The Segal Company (Western States), Inc. Central Arizona Fire and Medical Authority

By:



By:

Name: Carol Mercer

Name:

Title: Vice President

Title:

Date: October 17, 2023

Date: