



Financial Statement and Plan Certification

for

 (Name of Organization/Company)

Use your organization/company accounts only

(Do not include relief association or ladies auxiliary)

Please Round to The Nearest Dollar

FINANCIAL STATEMENT FOR THE PAST 3 COMPLETE YEARS
 FOR THE COMPANY'S FISCAL YEARS WHICH ENDED

Assets

Current:

//_/___ _/_/_/___ _/_/_/___

FEMSLP Staff
Use ONLY

1. Cash in the Bank and on Hand (Checking, Savings, Cash)				
2. Investments (CD's, Stocks & Bonds Held for Income)				
3. Other (Identify)				
Property: (Current Market Value)				
4. Land and Buildings				
5. Furnishings				
Equipment: (As defined in Rules & Regulations)				
6. Accessory				
7. Apparatus				
8. Communications				
9. Protective				
10. Other (Specify)				
11. TOTAL ASSETS (Add Lines 1 through 10)				

Liabilities

Current:

12. Accounts Payable				
13. Current Portion of Long-Term Debt (Due Within 1 Year)				
14. Other Payables (Specify)				

Long Term: (Excluding Current Portion)

15. Mortgage Payable				
16. Loans or Notes Payable to Others (See Note Above)				
Lender	\$Borrowed	\$Balance	\$Pmt.Per Year	
a				
b.				
c.				
17. Other (Attach Data)				

18. Total Liabilities (Add Lines 12 through 17)

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

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Statement of Income and Expenses

FINANCIAL STATEMENT FOR THE PAST 3 COMPLETE YEARS
 FOR THE COMPANY'S FISCAL YEARS WHICH ENDED

Gross Income:

____/____/____ ____/____/____ ____/____/____

**FEMSLP Staff
Use ONLY**

20. Memberships or Fees				
21. Fund-Raising Events				
22. Donations				
23. Municipal Taxes or Grants (In funds received directly by company)				
24. Other (Complete Breakdown-See Page 3)				
25. Total Gross Income (Add Lines 20 through 24)				

Operating Expenses

26. Fund-Raising				
27. Insurance				
28. Utilities				
29. Gas, Oil, Maintenance				
30. Miscellaneous (Complete Breakdown-See Page 3)				
31. Total Gross Operating Expenses (Add Lines 26 through 30)				
32. Income Less Operating Expenses (Subtract Line 31 From Line 25)				

Other Expenses

33. Major Purchases (Complete Breakdown-See Page 3)				
34. All Other Expenses (Complete Breakdown-See Page 3)				
35. Total Other Expenses (Add Lines 33 through 34)				
36. Net Income (Subtract Line 35 From Line 32)				

Prepared By (Please Print)	Title:	Telephone Number: ()	Date:
Reviewed By (FEMSLP Staff)	Comments as to FEMSLP-5 Acceptability:		Date:



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



(Name of Company)

Other Gross Income Breakdown (Line 24)

____/____/____ ____/____/____ ____/____/____

Total of Other Gross Income			

Miscellaneous Operating Expenses Breakdown (Line 30)

____/____/____ ____/____/____ ____/____/____

Total of Miscellaneous Operating Expenses			

Major Purchases Breakdown (Line 33)

____/____/____ ____/____/____ ____/____/____

Total of Major Purchases			

Other Expenses Breakdown (Line 34)

____/____/____ ____/____/____ ____/____/____

Total of Other Expenses			



Projected Financial Plan for Organization/Company Fiscal Years Ending
 (Month) _____ (Day) _____

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

Notes:

- When applying for the following loan amounts, complete as follows:
 Up to \$50,000.....10 years
 Above \$50,000 and up to \$300,000.....15 years
 Above \$300,000.....20 years
- Please round to the nearest dollar. You may list your estimates in thousands to conserve space.
- Plan MUST be completed for the entire term of the proposed loan, or it will be returned.



Projected Financial Plan for Organization/Company Fiscal Years Ending
 (Month) _____ (Day) _____

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

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Organization/Company Name

Certification:

By signing and dating of this document, we certify to the best of our knowledge and belief that;

The information set forth within the Financial Statement is true and correct; that it includes all cash, bank accounts and all other bona fide properties and assets of the organization/company and is based on a generally accepted method of accounting.

The Projected Financial Plan is correct, is reasonably achievable, and that the assumption and estimates used as the basis for our projection can be provided fully and clearly if further required.

The organization/company has satisfactory title to all recorded assets other than the exceptions listed below; that all liabilities, liens, encumbrances, or security interests on any asset of the company are disclosed in the Financial Statement or notes thereto, and that there is no litigation, tax or other claims or assessments pending or threatened against the company.

Finally, we agree to provide the office of the State Fire Commissioner, or permit OSC representatives access to, any or all records, documents and reports which support and substantiate the financial affairs of our organization and agree to permit the office to verify any or all credit references.

EXCEPTIONS:(Describe in Detail)

AUTHORIZED SIGNATURES:

(Name of Organization/Company)

(Organization/Company President's Signature)

(Organization/Company Secretary's Signature)

NOTARIZATION:

_____ day of _____, _____

Notary Public

My Commission Expires

(SEAL)