



FY27 Rural Ambulance
Funding Request Application



Ambulance: _____ Bus. Phone: _____
Address: _____ Web address: _____
Administrator: _____ Ph#: _____ Email: _____
Finance Officer: _____ Ph#: _____ Email: _____
Board President: _____ Ph#: _____ Email: _____

Amount of funding requested for FY27: \$

REQUIRED Funding Request Documents Attached Y or N:

_____ Funding Request Letter
Communicate your goals for the funding, and explain your rationale if you are requesting an increase from the funding amount approved by the Minnehaha County Commission last year.
_____ Completed Application Form provided for FY27
_____ Year End Financial Report (most recent)
The financial report will include a complete record of income and expenses, assets and liabilities, and year-end cash balances in all operating and reserve accounts.
_____ Audit Report (most recent) Please add a comment if your Audit Report is not included

_____ Board of Directors Roster

Agency Representative Signature

Describe your current staffing pattern and related hours for paid staff and/or volunteers:

Describe how your level of service would be affected with reduced or no county funding:

COMMENTS; add other information to be considered.

CALL HISTORY:	2024	2025	2026 Estimate	2027 Projected
Number of Calls				

List communities you receive funding from:

City / Township	Amount	How Contribution was Determination

List cash balance and reserve funds for the following years:

Year	Ending Cash Balance	Ending Reserve Fund Balance
2022		
2023		
2024		
2025		

Specify how you use your Reserve Funds:

REQUIRED BUDGET INFORMATION:

	Revenue Sources	2024 Actual	2025 Actual	2026 Budget	2027 Request
A.	County:				
B.	City:				
C.	Townships:				
D.	Grants:				
E.	Fees/Billing:				
F.	Special Events/Fundraisers:				
G.	Donations:				
H.	Other:				
	TOTAL:				

	Expenditures	2024 Actual	2025 Actual	2026 Budget	2027 Request
A.	Salaries:				
B.	Benefits:				
C.	Professional Services:				
D.	Supplies:				
E.	Telephone:				
F.	Postage:				
G.	Printing/Publishing:				
H.	Occupancy/Utilities				
I.	Rent:				
J.	Memberships/Dues:				
K.	Travel:				
L.	Conferences:				
M.	Insurance:				
N.	Depreciation/ Amortization:				
O.	Interest:				
P.	Miscellaneous:				
Q.	Other:				
	TOTAL:				

NOTE:

- Applications submitted without required information may not be considered for funding.
 - Supporting materials outside of required documents will not be considered for review.
 - Agencies may be contacted in advance to attend a scheduled budget meeting as needed.
- FY27 Budget Meetings are tentatively scheduled for June 16, June 30 and July 14.**

SUBMIT APPLICATION:

- No later than the Deadline; 5:00 p.m., Friday, March 20, 2026
- By email to commissionoffice@minnehahacounty.gov; or
- By mail at;
 - Minnehaha County Board of Commissioners
415 North Dakota Avenue
Sioux Falls, SD 57104-2465
(Please do not mail application packet to the County Auditor, County Treasurer, Emergency Management or Sheriff's Office)

Please direct any questions to the County Commission office at 605-367-4206, or Jason Gearman, Emergency Management Director at 605-367-4290 or jgearman@minnehahacounty.gov.