

FINANCE & PERSONNEL COMMITTEE
CONTINGENT FUND REQUEST INFORMATION FORM

CC-8

DEPT.: FIRE CONTACT PERSON & PHONE NO.: Lawrence A. Gardner, 286-8947

A. REASON FOR REQUEST (Refer to File 921360 for definitions)

- CHECK ONE: EMERGENCY CIRCUMSTANCES
 OBLIGATORY CIRCUMSTANCES
 FISCAL ADVANTAGE/COMPLIANCE WITH FISCAL MANAGEMENT PRINCIPALS

B. SUPPORTING INFORMATION

1. State the action requested, including the dollar amount and specific departmental accounts(s) to which the Contingent Fund appropriation would be made.

Due to mandate of the State of Wisconsin's Department of Commerce rules, Chapter Comm. 30.11, and the 2000 collective bargaining agreement with Local 215, the department had to provide protective gear to its personnel totaling \$372,253 in 2001. These funds need to be replaced so that the department may complete the processing of payments to outside vendors as well as other City agencies for 2001. (operating expenditure account) Requested amount is \$140,000.

2. State the purpose of the action requested which includes the program, service or activity to be supported by funding, as well as the objective(s) to be accomplished.

To comply with the State of Wisconsin Department of Commerce, Rule Number Chapter Comm. 30.11, the rule relates to Fire Department Safety and Health Issues. Namely, "Every fire department shall provide any fire fighter engaged in or exposed to the hazards of structural fire fighting with a protective ensemble that meets the applicable standards specified in NFPA 1971."

3. Describe the circumstances which prompt the request.

The collective bargaining agreement for 2000 with Local 215.
A Wisconsin Department of Commerce Job Safety/Health Complaint lodged against the MFD in April of 2001.

4. What are the consequences of not providing the program, service or activity which is funded by this request?

The department would be unable to provide protective clothing as required by the State of Wisconsin's Department of Commerce to sworn personnel of the department.

5. Explain why funds authorized in the Budget are insufficient to provide for the program, service or activity in question.

No funds are provided in the 2001 O&M Budget for the purpose of the commissary.

5a. Are there any unexpended funds in the departmental control account for which this appropriation is requested, that could be used to fund this request?

All funds have been transferred from accounts (i.e., equipment) to help absorb.

5b. What are the consequences of using budgeted operating funds for this request?

There are no operating funds available to complete 2001 obligations.

6. State why funding was not including in the Budget.

Contract with Local 215 not established until July 28, 2000. Specifications for gear and related costs were not established until April, 2001. Measure handed down by State of Wisconsin on April 10, 2001, which caused the department to expedite matter.

7. Will the conditions prompting the request be limited to the current year, or will they continue into the following year?

The department will attempt to absorb related costs in year 2002, but cannot assure that additional funds won't be necessary.

8. Has your department made a similar Contingent Fund request in previous years? YES NO

* If yes, what is the most recent year the request was made? _____

9. Will this funding be used to implement provisions of a collective bargaining agreement: YES NO

10. Will the funding being requested provide a level of service authorized by the Budget? YES NO

*If yes, why can't your department accomplish the authorized service level with the authorized funding level?

Yes. Funding reflects the authorized positions allocated to the MFD for firefighting activities. The contract with Local 215 was established July 28, 2000. Monies were not included in the 2000 budget. Monies were not included in the 2001 budget because final details of the commissary system were not developed.

11. Will the requested funding provide a level of service higher than that authorized by the Budget? YES NO

*If yes, why is a higher service level necessary?

*What is the estimated amount of additional service units to be provided if the entire Contingent Fund request is approved?

12. What Performance Measures and sub-measures are affected by this request, and what are the anticipated changes if the entire Contingent Fund request is approved?

Injury Leave (844)

13. What reductions to performance measures are expected if the request is not approved?

Personnel would not be equipped with serviceable firefighting ensembles which could lead to additional personal injuries and sanctions from the State of Wisconsin Department of Commerce.

14. Is any grant funding associated with the program, service or activity pertaining to the request? YES NO

*If yes, name the grant and current year amount.

15. Will the program, service or activity affect any electronic data processing system? YES NO

The following questions only apply to Contingent Fund requests which transfer appropriations into capital purpose accounts:

16. Does this request transfer an appropriation into a capital purpose subaccount? YES NO

*If yes, are similar projects planned and funding available in a capital purpose (parent) account for the current year?

17. Why is the project for which Contingent Funds are requested more important than other similar projects?

18. Does this request fund a project outside the normal order of planned projects of a kind which are funded through a capital purpose (parent) account for the current year? YES NO

*If yes, what is the consequence of deferring the lowest priority planned project until next year?

19. Was this project included in the Department's Budget request?

YES

NO

*If not, why not?

C. THANK YOU FOR YOUR COOPERATION. PLEASE SEND COPIES OF YOUR RESPONSE TO:

STAFF ASSISTANT, ROOM 205, CITY HALL (6 COPIES)
SPECIAL ASSISTANT, FINANCE & PERSONNEL COMMITTEE, ROOM 205, CITY HALL
FISCAL RESEARCH SUPERVISOR, ROOM B-4, CITY HALL (2 COPIES)
BUDGET & MANAGEMENT DIRECTOR, ROOM 307, CITY HALL (2 COPIES)

**If you have any questions about the completion of this form you may call the
Fiscal Research Supervisor at extension 2299.**