



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b>	<u>10/2/2014</u>	<b>File Number</b>	<u>141004</u>	<input checked="" type="checkbox"/> <b>Original</b>	<input type="checkbox"/> <b>Substitute</b>
	<b>Subject</b>	<u>Resolution relative to application, acceptance and funding of a SFY 2015 Wisconsin Emergency Medical Services Funding Assistance Program grant.</u>				

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b>	<u>Daniel Berendt/Asst Fire Chief-BETE/x8982 or Emma Stamps/BFM/x5281</u>
----------	---	---

<b>C</b>	<b>This File</b>	<input type="checkbox"/> Increases or decreases previously authorized expenditures.
		<input type="checkbox"/> Suspends expenditure authority.
		<input type="checkbox"/> Increases or decreases city services.
		<input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.
		<input type="checkbox"/> Increases or decreases revenue.
		<input type="checkbox"/> Requests an amendment to the salary or positions ordinance.
		<input type="checkbox"/> Authorizes borrowing and related debt service.
		<input type="checkbox"/> Authorizes contingent borrowing (authority only).
		<input checked="" type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.

<b>D</b>	<b>Charge To</b>	<input type="checkbox"/> Department Account	<input type="checkbox"/> Contingent Fund
		<input type="checkbox"/> Capital Projects Fund	<input type="checkbox"/> Special Purpose Accounts
		<input type="checkbox"/> Debt Service	<input checked="" type="checkbox"/> Grant & Aid Accounts
		<input type="checkbox"/> Other (Specify) _____	

E	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages	MFD Instructors' Overtime / [ss.256.12(5)]	\$38,230.37	\$38,230.37
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services	Centrelearn EMT Training Contract / [ss.256.12(4)]	\$21,432.99	\$21,432.99
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$59,663.36</b>	<b>\$59,663.36</b>

**F** Assumptions used in arriving at fiscal estimate. \_\_\_\_\_ grant application and award \_\_\_\_\_

**G** For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

<input checked="" type="checkbox"/> 1-3 Years	<input type="checkbox"/> 3-5 Years	_____
<input type="checkbox"/> 1-3 Years	<input type="checkbox"/> 3-5 Years	_____
<input type="checkbox"/> 1-3 Years	<input type="checkbox"/> 3-5 Years	_____

**H** List any costs not included in Sections D and E above. \_\_\_\_\_

**I** Additional information. \_\_\_\_\_

**J** This Note  Was requested by committee chair.