



City of Milwaukee Fiscal Impact Statement

A **Date** 9/12/2013 **File Number** 130769 **Original** **Substitute**
Subject Resolution relating to the acceptance and expenditure of the FY2011 Metropolitan Medical Response System grant.

B **Submitted By (Name/Title/Dept./Ext.)** Sean Slowey / Battalion Chief / x8981 - Emma Stamps / FIRE BFM / X 5281

C **This File**

- Increases or decreases previously authorized expenditures.
- Suspends expenditure authority.
- Increases or decreases city services.
- Authorizes a department to administer a program affecting the city's fiscal liability.
- Increases or decreases revenue.
- Requests an amendment to the salary or positions ordinance.
- Authorizes borrowing and related debt service.
- Authorizes contingent borrowing (authority only).
- Authorizes the expenditure of funds not authorized in adopted City Budget.

D **Charge To**

- Department Account
- Capital Projects Fund
- Debt Service
- Other (Specify) _____
- Contingent Fund
- Special Purpose Accounts
- Grant & Aid Accounts

	Purpose	Specify Type/Use	Expenditure	Revenue
E	Salaries/Wages	Base & Indirects	\$82,871.00	\$0.00
		Fringe Benefits	\$31,512.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment	Various Equipment Types	\$147,725.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other	Travel	\$5,500.00	\$0.00
			\$0.00	\$267,608.00
TOTALS			\$267,608.00	\$267,608.00

F

Assumptions used in arriving at fiscal estimate. application _____

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.

1-3 Years 3-5 Years

1-3 Years 3-5 Years

1-3 Years 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.