



# City of Milwaukee Fiscal Impact Statement

**A** **Date** 9/17/2013 **File Number** 130680  **Original**  **Substitute**

**Subject** Resolution relative to application, acceptance and funding of a SFY 2014 Wisconsin Emergency Medical Services Funding Assistance Program grant.

**B** **Submitted By (Name/Title/Dept./Ext.)** Michael Romas/Acting Assistant Fire Chief of EMS/Training/Education/x8982

**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
<b>E</b>	Salaries/Wages	MFD Instructors' Overtime / [ss.256.12(5)]	\$22,825.34	\$22,825.34
			\$0.00	\$0.00
	Supplies/Materials	Supplies / [ss.256.12(4)]	\$21,555.03	\$21,555.03
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$44,380.37</b>	<b>\$44,380.37</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.