



City of Milwaukee Fiscal Impact Statement

A **Date** 10/1/2012 **File Number** 120740 **Original** **Substitute**

Subject Substitute resolution authorizing acceptance and funding of a 2012 Assistance to Firefighters Grant from the U.S. Department of Homeland Security - Federal Emergency Management Agency by the Fire Department.

B **Submitted By (Name/Title/Dept./Ext.)** Emma J Stamps/BFM/Fire/X5281 Jason Mims/HSO/Fire/x5294

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		\$0.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials	Miscellaneous	\$500.00	\$400.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services	Contractor/Medical College of WI	\$353,957.00	\$283,166.00
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$354,457.00	\$283,566.00

F Assumptions used in arriving at fiscal estimate. grant requires 80% grantor funding and 20% cash match from the City

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 checked="" type="checkbox"/> 3-5 Years	Actual costs of physicals for sworn members that are related to this program must be supported by annual MFD O&M budgets after the grant expires in 2013.
<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

In accordance with (IAW) NFPA 1582 and the Wellness Fitness Initiative, contract for annual physicals for the department. Physicals will be offered on 3 levels.

Level 1: Baseline Physical and Laboratory exams

Level 2: Level 1 plus EKG

Level 3: Level 2 plus Chest x-ray

Levels are determined by the physician and firefighter risk factors IAW NFPA 1582 and the WFI Chapter 2

Additional information. The exam also offers: Infectious disease testing, Heavy metal testing, & Oncology screening

J This Note Was requested by committee chair.