



City of Milwaukee Fiscal Impact Statement

A	Date	10/1/2012	File Number	120740	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
A	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
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C	This File	<input type="checkbox"/> Increases or decreases previously authorized expenditures. <input type="checkbox"/> Suspends expenditure authority. <input type="checkbox"/> Increases or decreases city services. <input checked="" 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 type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.
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D	Charge To	<input type="checkbox"/> Department Account <input type="checkbox"/> Capital Projects Fund <input type="checkbox"/> Debt Service <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Contingent Fund <input type="checkbox"/> Special Purpose Accounts <input checked="" type="checkbox"/> Grant & Aid Accounts
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E	Purpose	Specify Type/Use	Expenditure	Revenue
	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.

1-3 Years 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.

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

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.**