



City of Milwaukee Fiscal Impact Statement

A	Date	8/24/2011	File Number	110538	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	Resolution relative to application, acceptance and funding of a Wisconsin Emergency Medical Services Funding Assistance Program grant.				

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

D	Charge To	<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	\$14,367.44	\$14,367.44
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services	Distributive Learning	\$40,000.00	\$40,000.00
		Consulting	\$4,569.50	\$4,569.50
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$58,936.94	\$58,936.94

FAssumptions 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.

☒ 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.

JThis Note ☐ Was requested by committee chair.