



Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1568
FAX: 608-261-6392
TTY: 888-701-1253
dhs.wisconsin.gov/ems

Date: August 22, 2008

To: Municipal Treasurer
(On Behalf of Local Ambulance Service Provider)

From: Paul Wittkamp, FAP Coordinator
Bureau of Local Public Health Practice and EMS

Subject: Emergency Medical Services Funding Assistance Program SFY09

It is my pleasure to forward to you the enclosed check based on your ambulance service's state fiscal year 2009 application for the EMS Funding Assistance Program (EMS-FAP).

These funds are for use by the ambulance service provider for the purchase of ambulance vehicles, vehicle equipment and emergency medical service supplies and equipment; and for training. EMS-FAP dollars cannot be used to reduce existing local EMS funding. Information on the EMS Funding Assistance Program and requirements can be found on our website at: <http://dhs.wisconsin.gov/ems/>

Any questions regarding the EMS Funding Assistance Program should be directed to Paul Wittkamp, Division of Public Health, Bureau of Local Public Health Practice and EMS, P.O. Box 2659, Madison, Wisconsin 53701-2659, by e-mail at paul.wittkamp@wisconsin.gov or by phone at (608) 261-9306.

CHECK DISTRIBUTION / ATTACHMENTS

Staple
Here

Date Keyed

08-15-08

Org. No.

Organization Name

Voucher No.

Amount

100

Public Health

83463

81,916.97

Alternate Mailing Address (Type) or Mailing Instructions

TREASURER
MILWAUKEE, CITY OF
200 E WELLS ST

MILWAUKEE, WI 53202

☐ Return Check to Organization Business Office

☒ Mail attached material with check

☐ Other-specify

Muni-Code: 40-251

EMS-FAP for Milwaukee Fire Dept.

EMS FUNDING ASSISTANCE PROGRAM APPLICATION

State Fiscal Year 2009

(July 1, 2008 through June 30, 2009 - Application information should be based on your fiscal year 2007)

Completion of this form is required under Wisconsin Statutes, s.146.55 in order to receive EMS financial and training assistance. The completed application **must be received by the deadline date of March 15th**. Failure to respond by the deadline **will** result in delay or denial of payment of Emergency Medical Services Funding Assistance Program monies for the current State Fiscal Year. Return completed form and necessary attachments to, Bureau of Local Health Support and Emergency Medical Services, 1 W Wilson St., P O Box 2659, Madison, WI 53701-2659.

1. AMBULANCE SERVICE PROVIDER INFORMATION

Name of Licensed Provider Milwaukee Fire Department Provider No. 6001161
Complete mailing address 711 W Wells Street Telephone No. 414.286.8982
Milwaukee WI 53233
Federal Employer ID Number 39-6005532 E-mail address ems@milwaukee.gov

2. TYPE OF SERVICE (Select One)

Information provided here will be used to determine eligibility for and the payee of the reimbursement checks. Private-for-profit and public agency ambulance service providers will receive a check made payable and sent to the treasurer of the one municipality designated in No. 3. Non-stock/non-profit corporation ambulance service providers that supply a copy of their Certificate of Incorporation will receive checks made payable to the ambulance service.

- ☒ Municipal / Public Agency
☐ Non-Stock / Non-Profit Corp. organized under Chapter 181 Wis. Stats. (Attach Certificate of Incorporation)
☐ Private-For-Profit Corporation (Attach copy of current contract with municipalities in primary service area)
☐ Other / Explain:

3. CHECK PAYEE DESIGNATION

Public agency and for-profit providers must identify the municipality that is designated to receive the funding (check). Include the correct mailing address and municipality code for that municipality.

(Check One) ☐ County ☒ City ☐ Village ☐ Township ☐ Tribal

Municipality City of Milwaukee Municipal code 40251
Address 200 E Wells Street
City /State / Zip Milwaukee, WI 53202

4. PRIMARY SERVICE AREA

Primary service area is defined as the area to which your ambulance service provides "first-in" emergency ambulance response. It **DOES NOT** include areas that are served through mutual aid agreements and/or back-up arrangements. Enclose a map(s) that shows your primary service area.

MAP ATTACHED ☐ - or - MAP ON FILE - NO CHANGE IN PRIMARY SERVICE AREA ☒

IMPORTANT -- REVERSE SIDE MUST BE COMPLETED

Ambulance Service Provider Milwaukee Fire Department**5. CERTIFICATION OF MUNICIPALITY / CONTRACTING AGENCY(S)**

Identify *all* municipalities included in your primary service area. Each municipality included in your primary service area must certify the actual **population served** and what **percentage of the total population** this represents. This is to include the municipality in No. 4 (Primary / Contract Service Area) by having each municipal clerk complete and sign the following information.

(This page can be copied to use if there are more than two municipalities in your primary service area.)

By my signature, I certify that the information provided for the municipality is true to the best of my knowledge. I further certify that funds received under this program by or for the ambulance service provider will not be used to replace or decrease existing funds / budgets.

(Check One) ☐ County ☒ City ☐ Village ☐ Township ☐ Tribal

Municipality Name	<u>City of Milwaukee</u>	Population Served	<u>596,974 (2000 census)</u>
Mailing Address	<u>200 E Wells Street</u>	Percentage of total population the above represents	<u>100%</u>
City / State / Zip	<u>Milwaukee, WI 53202</u>	Print Name of Clerk	<u>RONALD D. LEONHARDT</u>
Municipal Code	<u>40251</u>	SIGNATURE - Clerk	<u>Ronald D. Leonhardt</u>
		Date Signed	<u>2/20/08</u>

By my signature, I certify that the information provided for the municipality is true to the best of my knowledge. I further certify that funds received under this program by or for the ambulance service provider will not be used to replace or decrease existing funds / budgets.

(Check One) ☐ County ☐ City ☒ Village ☐ Township ☐ Tribal

Municipality Name	<u>Village of West Milwaukee</u>	Population Served	<u>4,201 (2000 census)</u>
Mailing Address	<u>4755 W. Beloit Road</u>	Percentage of total population the above represents	<u>100%</u>
City / State / Zip	<u>West Milwaukee, WI 53214</u>	Print Name of Clerk	<u>Susan M. Schupp</u>
Municipal Code	<u>40191</u>	SIGNATURE - Clerk	<u>Susan M. Schupp</u>
		Date Signed	<u>2/18/08</u>

6. AMBULANCE SERVICE STATISTICAL INFORMATION

Please provide the following information for use in determining the appropriate distribution of funds. The "Ambulance Certification Signature" below certifies this information and signifies that proof of the information is available.

Number of EMT's on your roster (This includes Basic's through Paramedics)	<u>908</u>	(As of March 1, 2008)
Number of calls for your last complete fiscal year	<u>29,841</u>	(2007 for most)

7. AMBULANCE SERVICE PROVIDER CERTIFICATION

By my signature, as the responsible party for the ambulance service named in this application, I certify that the information provided in this application is true to the best of my knowledge. I further certify that funds received (under this program) by the ambulance service will not be used to replace or decrease existing funds/budgets. A report will be submitted to DHFS detailing expenditure of program funds received under, and in compliance with 146.55, Wis. Stats.

Print name/Title Douglas Holton, Chief

SIGNATURE

Douglas A. Holton

Date Signed

4-9-08

EXPENDITURE CERTIFICATION

AMBULANCE SERVICE PROVIDER

By my signature, I certify that the expenditure information listed for Fiscal Year _____ is true to the best of my knowledge. I further certify that EMS Funding Assistance Program funds received by this ambulance service have not been used to replace or decrease our existing budget/funding. I further understand that a similar expenditure report is due for every Fiscal Year from which our ambulance service receives funding and is due one year after receipt of the final check from that fiscal year.

Douglas A. Holton
SIGNATURE - Chief, Director or other responsible party

April 9, 2008
Date signed

Douglas Holton, Chief
Name and Title (Type or print)

MUNICIPALITY

By my signature, I certify that the EMS Funding Assistance Program funds received by the ambulance service identified in this expenditure report have not been used to replace or decrease budgeted funds previously made available by the municipality(s).

[Signature]
SIGNATURE - Municipal Official

4-11-2008
Date signed

W. Martin Horics - Comptroller
Name and Title (Type or print)

INSTRUCTIONS

1. This form DPH 7257 (Expenditure Report) must be completed for every fiscal year from which you received EMS-FAP funds.
2. Funds are provided by state fiscal year (SFY). The fiscal year is from July 1st through the following June 30th.
3. Do your best to identify what you used the EMS-FAP money for. Report only those expenditures using EMS-FAP funding.
4. **Completing The Individual Expenditures List:**

Travel: Travel expenses incurred for training functions can be combined as can travel expenses for other individual functions.

Training: Training expenses incurred for seminars can be combined as can training expenses for in-house training, honoraria or training officer wages.

Communications: List what was purchased, i.e. pagers, portable radios, mobile radios, cellular phones, consultant time, etc. along with amount spent.

Medical supplies: All purchases of equipment of under \$500 each should be listed together as "Equipment under \$500". The cost of medical supplies in excess of the existing budget should be combined and listed.

Vehicle: Each vehicle purchase should be listed separately. Vehicle maintenance and repair costs in excess of the existing budget should be listed as one figure.

Equipment: Purchases of equipment costing over \$500 each should be listed here. Specify what has been purchased.

Other: Specify items or groups of items not listed above.

Escrow/Savings: Dollars not expended from the fiscal year appropriation being reported should be kept in a separate account and listed here.

TOTAL: The total of all expenditures for the fiscal year, along with dollars being held in escrow or savings, should be equal to the total allocation for the fiscal year.

5. Refer to Wisconsin EMS Website for more information on the EMS Funding Assistance Program.

6. Return completed report to:
Bureau of Local Health Support and EMS
PO Box 2659
Madison, WI 53701-2659

EMS FUNDING ASSISTANCE PROGRAM EXPENDITURE REPORT FOR AMBULANCE SERVICE PROVIDERS

(Instructions for completion on Page 2)

Completion of this form is required under section 146.55(4), Wisconsin Statutes. The statute requires this financial report of expenditures as a condition of relicensure. Statutory language under Wisconsin Statutes section 146.55(4) allows for expenditure of funds "for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment or emergency medical training ..." The statute continues by stating "funds allocated under this program shall supplement existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease or release for alternative purposes the existing, budgeted moneys of or provided to an ambulance service provider." Refer to the Wisconsin EMS Handbook for more information.

Return completed report to: Bureau of Local Health Support and EMS, PO Box 2659, Madison, WI 53701-2659.

Expenses for State Fiscal Year 2008		Service Fiscal Year	
Name Of Service Milwaukee Fire Department		Provider No. 6001161	
Address 711 W Wells Street		Day Telephone No. (414) 286-8982	
City Milwaukee	State WI	Zip Code 53233	
Name Of Contact Person (Chief, Director, Or Other Responsible Party) Gloria A. Murawsky		Title Deputy Chief	
Dollars Received For Year 2008		Allocation Amount \$80,256.00	

Escrow Amount From Prior Fiscal Years Reported

CATEGORY	WHAT WAS PURCHASED?	AMOUNT SPENT
TRAVEL For training, call, etc.	Zoll training	849.69
TRAINING Type of training, training officer wages, honoraria, etc.	See attached	38,483.38
COMMUNICATIONS Pagers, radios, etc.		
MEDICAL SUPPLIES Equipment under \$500. Supplies limited to those not within existing budget.		
VEHICLE Vehicle purchase (list). Vehicle maintenance an repair over and above existing budget		
EQUIPMENT Purchase of items over \$500 each. (List individual items).		
OTHER Printing, etc.	CPR & First Aid books	836.12
ESCROW / SAVINGS Money should be held in a separate account.		40,086.81
TOTAL FOR FISCAL YEAR Total should equal appropriation plus any escrow carried over and being reported.		40,169.19

Attachment

2008

CATEGORY	WHAT WAS PURCHASED	AMOUNT SPENT
Travel	Zoll Training	849.69
Training	National Registry exam	1,330.00
	Instructor wages	27,580.13
	Curriculum Development & Instructor training	4,960.00
	Distributive Learning	<u>4,613.25</u>
	Total	38,483.38
Medical Supplies		
Equipment		
Other	CPR & First Aid Books	836.12
Escrow		40,086.81
Total for Fiscal Year		40,169.19

EMS FUNDING ASSISTANCE PROGRAM EXPENDITURE REPORT FOR AMBULANCE SERVICE PROVIDERS

(Instructions for completion on Page 2)

Completion of this form is required under section 146.55(4), Wisconsin Statutes. The statute requires this financial report of expenditures as a condition of relicensure. Statutory language under Wisconsin Statutes section 146.55(4) allows for expenditure of funds "for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment or emergency medical training ..." The statute continues by stating "funds allocated under this program shall supplement existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease or release for alternative purposes the existing, budgeted moneys of or provided to an ambulance service provider." Refer to the Wisconsin EMS Handbook for more information.

Return completed report to: Bureau of Local Health Support and EMS, PO Box 2659, Madison, WI 53701-2659.

Expenses for State Fiscal Year	2007	Service Fiscal Year	
Name Of Service	Milwaukee Fire Department	Provider No.	6001161
Address	711 W Wells Street	Day Telephone No.	(414) 286-8982
City	Milwaukee	State	WI
Name Of Contact Person (Chief, Director, Or Other Responsible Party)	Gloria A. Murawsky	Zip Code	53233
		Title	Deputy Chief
Dollars Received For Year	2007	Allocation Amount	\$82,321.35
Escrow Amount From Prior Fiscal Years Reported	2006	\$9,623.80	

CATEGORY	WHAT WAS PURCHASED?	AMOUNT SPENT
TRAVEL For training, call, etc.		
TRAINING Type of training, training officer wages, honoraria, etc.	See attached	67,116.34
COMMUNICATIONS Pagers, radios, etc.		
MEDICAL SUPPLIES Equipment under \$500. Supplies limited to those not within existing budget.	See attached	4,997.78
VEHICLE Vehicle purchase (list). Vehicle maintenance an repair over and above existing budget		
EQUIPMENT Purchase of items over \$500 each. (List individual items).	See Attached	14,870.00
OTHER Printing, etc.	See attached	3,889.03
ESCROW / SAVINGS Money should be held in a separate account.		1,072.00
TOTAL FOR FISCAL YEAR Total should equal appropriation plus any escrow carried over and being reported.		91,945.15

EXPENDITURE CERTIFICATION

AMBULANCE SERVICE PROVIDER

By my signature, I certify that the expenditure information listed for Fiscal Year _____ is true to the best of my knowledge. I further certify that EMS Funding Assistance Program funds received by this ambulance service have not been used to replace or decrease our existing budget/funding. I further understand that a similar expenditure report is due for every Fiscal Year from which our ambulance service receives funding and is due one year after receipt of the final check from that fiscal year.

Douglas A. Holton
SIGNATURE - Chief, Director or other responsible party

April 9, 2008
Date signed

Douglas Holton, Chief
Name and Title (Type or print)

MUNICIPALITY

By my signature, I certify that the EMS Funding Assistance Program funds received by the ambulance service identified in this expenditure report have not been used to replace or decrease budgeted funds previously made available by the municipality(s).

[Signature]
SIGNATURE - Municipal Official

4-11-2008
Date signed

W. Maria Morics - Comptroller
Name and Title (Type or print)

INSTRUCTIONS

1. This form DPH 7257 (Expenditure Report) must be completed for every fiscal year from which you received EMS-FAP funds.
2. Funds are provided by state fiscal year (SFY). The fiscal year is from July 1st through the following June 30th.
3. Do your best to identify what you used the EMS-FAP money for. Report only those expenditures using EMS-FAP funding.
4. **Completing The Individual Expenditures List:**
 - Travel:** Travel expenses incurred for training functions can be combined as can travel expenses for other individual functions.
 - Training:** Training expenses incurred for seminars can be combined as can training expenses for in-house training, honoraria or training officer wages.
 - Communications:** List what was purchased, i.e. pagers, portable radios, mobile radios, cellular phones, consultant time, etc. along with amount spent.
 - Medical supplies:** All purchases of equipment of under \$500 each should be listed together as "Equipment under \$500". The cost of medical supplies in excess of the existing budget should be combined and listed.
 - Vehicle:** Each vehicle purchase should be listed separately. Vehicle maintenance and repair costs in excess of the existing budget should be listed as one figure.
 - Equipment:** Purchases of equipment costing over \$500 each should be listed here. Specify what has been purchased.
 - Other:** Specify items or groups of items not listed above.
 - Escrow/Savings:** Dollars not expended from the fiscal year appropriation being reported should be kept in a separate account and listed here.
 - TOTAL:** The total of all expenditures for the fiscal year, along with dollars being held in escrow or savings, should be equal to the total allocation for the fiscal year.
5. Refer to Wisconsin EMS Website for more information on the EMS Funding Assistance Program.
6. Return completed report to:
Bureau of Local Health Support and EMS
PO Box 2659
Madison, WI 53701-2659

Attachment

2006-2007

CATEGORY	WHAT WAS PURCHASED	AMOUNT SPENT
Training	National Registry examiner	612.10
	Instructor wages	60,198.74
	Curriculum Development & Instructor training	4,960.00
	Distributive Learning	<u>1,345.50</u>
	Total	67,116.34
Medical Supplies	Airway kit inserts	354.10
	Metronomes	70.00
	TEMS backpacks	3,620.00
	Infant CPR manikin set	320.00
	Training supplies	203.18
	Gait belts	114.00
	Bike EMS kits	<u>316.50</u>
	Total	4,997.78
Equipment	Bariatric cots (2)	12,570.00
	ALS manikins (2)	<u>2,300.00</u>
	Total	14,870.00
Other	CPR & EMT books	3,644.03
	Publications (Hot Sheets, EMS insider)	194.00
	Educational posters	<u>51.00</u>
	Total	3,889.03
Escrow		1,072.00
Total for Fiscal Year		91,945.15

