

MILWAUKEE COUNTY FISCAL NOTE FORM**DATE:** 3/7/22Original Fiscal Note Substitute Fiscal Note **SUBJECT:** Request to Enter into an Agreement with Zoll Medical for a new medical software/service solution; to enter into a Five-Year Agreement for medical software/service subscription services.**FISCAL EFFECT:**

- No Direct County Fiscal Impact
- Existing Staff Time Required
- Increase Operating Expenditures
(If checked, check one of two boxes below)
- Absorbed Within Agency's Budget
- Not Absorbed Within Agency's Budget
- Decrease Operating Expenditures
- Increase Operating Revenues
- Decrease Operating Revenues
- Increase Capital Expenditures
- Decrease Capital Expenditures
- Increase Capital Revenues
- Decrease Capital Revenues
- Use of contingent funds

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$49,316	\$49,316
	Revenue	0	0
	Net Cost	\$49,316	49,316
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Office of Emergency Management (OEM) Requests authority to execute an agreement with Zoll Medical. Authorizing OEM to enter into a five-year agreement for a subscription of \$49,316 per year for these services.

B. OEM owns and maintains Zoll cardiac defibrillators as part of the municipal Emergency Medical Services (EMS) system agreement. By committing to a five-year agreement, the county will recognize a savings of \$50,418. This software is proprietary to Zoll Medical and asissts OEM in quality assurance of patient care and data analytics. Equal payments will be made over the five years for a cost of \$49,316 annually.

C. An increase to EMS funding in the 2022 adopted budget has provided sufficient funds currently within OEM's operating budget. By committing to a five-year agreement with said funds, OEM will be able to expand services and the county will recognize a savings of \$50,418. For the remainder of the contract beyond 2022, the funds to support this will be part of the annual budget request.

D. Licensing/Subscription fees assume an April 2022 implementation start date and are therefore based on a 12 month license period. This software is proprietary to Zoll Medical and asissts OEM in quality assurance of patient care and data analytics. By committing to a five-year agreement with said funds, OEM will be able to expand services and the county will recognize a savings of \$50,418. As the funds currently exist within the OEM budget, there is no fiscal impact to the County.

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

Department/Prepared By Dan Pojar, OEM-EMS

Authorized Signature  _____

Did DAS-Fiscal Staff Review? Yes No

Did CBDP Review?² Yes No Not Required

² Community Business Development Partners' review is required on all professional service and public work construction contracts.