## MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	Γ <b>E</b> : 11/26/12		Origir	nal Fiscal No	te 🖂	
			Subst	titute Fiscal I	Note	
requ	esting authorization t	n the Director, Departm o enter into contracts wit ion of Paramedic Service	h local mun	icipalities ar		
FIS	CAL EFFECT:					
	No Direct County Fis	scal Impact		Increase C	apital Expenditures	
	Existing Staff Time	·		Decrease Capital Expenditures		
	Increase Operating Expenditures (If checked, check one of two boxes below)			Increase Capital Revenues		
	Absorbed Wi	thin Agency's Budget		Decrease	Capital Revenues	
	☐ Not Absorbed	d Within Agency's Budget	:			
	Decrease Operating Expenditures			Use of contingent funds		
☐ Increase Operating Revenues						
Decrease Operating Revenues						
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	Currer	nt Year	Subsequent Year	
Operating Budget		Expenditure		0	0	
		Revenue		0	0	
		Net Cost		0	0	
	pital Improvement	Expenditure				
Bu	dget	Revenue				

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. <sup>1</sup> 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 Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute contracts with local municipalities and the North Shore Fire Department for the provision of Paramedic Services in Milwaukee County.

Contracts between the County of Milwaukee and the local municipalities providing advanced life support (ALS) emergency medical care to their citizens are set to expire December 31, 2012. The prior contract will automatically extend, based on a one year extension clause, until the new contract is signed, hopefully before March 1, 2013.

The contract is proposed as a four-year contract with the Cities of Franklin, Greenfield, Milwaukee, Oak Creek, South Milwaukee, Wauwatosa, West Allis, the Village of Greendale, and the North Shore fire department to provide ALS services. Approval of this request will allow the Director of DHHS to execute contracts for the period January 1, 2013 through December 31, 2016.

- B. Total 2013 expenditures included in this request are \$2,000,000. Per the contract, the amount will be at least \$1.5 million annually in future years but the exact allocation will be based on the supplemental funds included in the adopted Milwaukee County budget.
- C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of the Emergency Medical Services (EMS) Division 2013 Budget.
- D. No assumptions are made.

<sup>&</sup>lt;sup>1</sup> 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	Thomas F. Lewandowski, Fiscal & Management Analyst	
Authorized Signature	thirty Cilon	
Did DAS-Fiscal Staff Review	√? ☐ Yes ⊠ No	