MILWAUKEE COUNTY FISCAL NOTE FORM

| DATE: | | November 9 th , 2016 | Origin | al Fiscal Note | | |
|-------------|-----------|--|-----------|---------------------------------------|--|--|
| | | Substitute Fiscal Note | | | | |
| SUB | JECT: | Request from the Director, Office of | Emerger | ncy Management (OEM) requesting | | |
| | | authorization to enter into contracts with local municipalities for the provision of | | | | |
| | | Emergency Medical Services (EMS) service | s in Milw | aukee County. | | |
| | | | | | | |
| FISC | AL EFFECT | operation of the common of the | | | | |
| \boxtimes | No Direc | t County Fiscal Impact | | Increase Capital Expenditures | | |
| | E | xisting Staff Time Required | | Decrease Capital Expenditures | | |
| | | Operating Expenditures ed, check one of two boxes below) | | Increase Capital Revenues | | |
| | | Absorbed Within Agency's Budget | | Decrease Capital Revenues | | |
| | | Not Absorbed Within Agency's Budget | | | | |
| | Decrease | e Operating Expenditures | | Use of contingent funds | | |
| | Increase | Operating Revenues | | | | |
| | Decrease | e Operating Revenues | | | | |
| | | w the dollar change from budget for a reased expenditures or revenues in the curre | | ission that is projected to result in | | |

| | Expenditure or Revenue Category | Current Year | Subsequent Year |
|---------------------|------------------------------------|--------------|-----------------|
| Operating Budget | Expenditure | 0 | 0 |
| | Revenue | 0 | 0 |
| | Net Cost | 0 | 0 |
| Capital Improvement | Expenditure | 0 | 0 |
| Budget | Revenue | 0 | 0 |
| | Net Cost | 0 | 0 |

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 Director of the Office of Emergency Management (OEM) is requesting authorization to enter into contracts with local municipalities for the provision of Emergency Medical Services (EMS) in Milwaukee County.
- B. Total expenditures included in this request for 2017 are \$1,875,000. Per the contract, the amount will be at least \$1,500,000 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 2017 as funds sufficient to cover associated expenditures are included as part of the 2017 OEM-EMS Division adopted budget.
- D. No assumptions are made.

| Department/Prepared By | Christine Westrich, Dire | ector OEM | |
|-------------------------------|--------------------------|---------------------|--|
| Authorized Signature | Christu | Westrick | |
| Did Fiscal Staff Review? | Yes | No | |
| Did CBDP Review? ² | Yes | ☐ No ☐ Not Required | |

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.

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