## MILWAUKEE COUNTY FISCAL NOTE FORM

| DATE: 12    |  | 12/18/19   |       | al Fiscal Note                | $\boxtimes$     |  |
|-------------|--|--|-------|-------------------------------|-----------------|--|
|             |  |  | Subst | itute Fiscal Note             |                 |  |
|             | JECT:<br>1 Hourly  | Request from the Director, Office of Emer<br>y Paramedic Trainer Positions | gency | Management to create          | e Forty (40.0)  |  |
| FISC        | AL EF  | FECT:  |       |                               |                 |  |
|             | No Dir   | rect County Fiscal Impact  |       | Increase Capital Expenditure  |                 |  |
|             |  | Existing Staff Time Required   |       | Decrease Capital Expenditures |                 |  |
| $\boxtimes$ | Increase Operating Expenditures (If checked, check one of two boxes below) |  |       | Increase Capital Revenues     |                 |  |
|             |  | Absorbed Within Agency's Budget  |       | Decrease Capital Re           | evenues         |  |
|             |  | Not Absorbed Within Agency's Budget  |       |                               |                 |  |
|             | Decre  | ase Operating Expenditures   |       | Use of contingent fur         | nds             |  |
| $\boxtimes$ | Increase Operating Revenues  |  |       |                               |                 |  |
|             | Decre  | ase Operating Revenues   |       |                               |                 |  |
|             |  | low the dollar change from budget for any                                  |       |                               | ed to result in |  |

|                     | Expenditure or<br>Revenue Category | Current Year | Subsequent Year |
|---------------------|------------------------------------|--------------|-----------------|
| Operating Budget    | Expenditure                        | 64,594       | 69,977          |
|                     | Revenue                            | 64,594       | 69,977          |
|                     | Net Cost                           | 0            | ٥               |
| Capital Improvement | Expenditure                        |              |                 |
| Budget              | 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 Office of Emergency Management is requesting to create forty (40.0) OEM Hourly Paramedic Trainer positions. The EMS Division provides medical coverage to support contracted venues within the county. The venues served include: Milwaukee County Zoo, UWM Panther Arena - Admirals Hockey, and the Fiserv Forum. The Fiserv Forum is the newest contract and it offers more than double the events that were previously covered by OEM's EMS Division.

Demand for Paramedics has increased over the past several months, particularly at the Fiserv Forum. The creation of these forty (40.0) OEM Hourly Paramedic Trainers will allow the EMS Division to continue medical operations, providing adequate staffing at special events venues.

- B. Expenditures in OEM's budget will be increased to fund the salaries and social security for these new positions, but revenues will also increase in the same amount, as they are fully reimbursed by the contracted venues. Fund transfer language not to exceed \$64,594 to recognize the increased expenditures and revenues will be included for the department as part of the position create resolution.
- C. Expenditures and revenues will be increased by an estimated \$64,594 in 2020 (assuming 24 pay periods filled) and \$69,977 for the subsequent full year, to cover the cost of the position for no tax levy impact.
- D. No assumptions have been made in writing this fiscal note.

<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 <u>Lind</u> | sey Pet     | <u>erson-Sr</u> | Budget & Mana | gement Analyst |  |
|------------------------------------|-------------|-----------------|---------------|----------------|--|
| Authorized Signature               | H           | Loe !           | James         |                |  |
| Addion20d Oightano                 | 0           |                 | //            |                |  |
| Did DAS-Fiscal Staff Review?       | $\boxtimes$ | Yes             | ☐ No          |                |  |
| Did CBDP Review? <sup>2</sup>      |             | Yes             | ☐ No          | ☐ Not Required |  |

<sup>&</sup>lt;sup>2</sup> Community Business Development Partners' review is required on all professional service and public work construction contracts.

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