

FISCAL IMPACT STATEMENT

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs necessary to place the asset in service.

1. DESCRIPTION: PANASONIC TABLETS FOR ELECTRONIC PATIENT CARE REPORTING SYSTEM

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?
__Yes X No (if Yes, include all personnel costs below).

3. Is the action funded in the current year budget and/or through reallocation of existing Department resources:
X Yes __No If No, how will this item be funded? PLEASE NOTE: If the action is funded by a grant received by the City please include the fiscal year of the funding award, grantor name, granting agency or office name (if any), grant name and when the grant agreement was approved by City Council.

Did this item require BRC action? __Yes X No If Yes, BRC Date: _____ BRC Item #:

4. This item will be charged to Fund/Dept/Program/Project: OFR0001_P

5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel	\$0	\$0	\$0
Operating	\$45,622	\$0	\$0
Capital	\$153,270	\$0	\$0
Total	<u>\$198,892</u>	<u>\$0</u>	<u>\$0</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: The Panasonic FZ-G1 tablet computers will be purchase with five (5) years service and maintenance. Five (5) years is the normal life-span of the devices.

7. OTHER COSTS

(a). Are there any future costs, one-time payments, lump sum payments, or other costs payable for this item at a later date that are *not* reflected above: __Yes X No

(b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$

(c) What is the nature of these costs _____

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ n/a. Tax roll increase is: real property, tangible personal property, other (identify _____).

9. What is source of the revenue and the estimated annual recurring revenue? Source: _____ \$

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized?
Source _____ Fiscal year _____ \$ _____ non-recurring revenue

11. What is the Payback period? _____ years

12. **JUSTIFICATION:** Requesting to purchase fifty-two (52) Panasonic FZ-G1 tablet computers, at a total cost of \$198,892, for the Orlando Fire Department and to be used with the new ESO Solutions ePCR (Electronic Patient Care Reporting) System. The ESO Solutions system is a replacement for the current application (Triptix) being used by the contracted billing company, Intermedix.

13. **APPROVED:** Roderick Williams, Fire Chief