

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: This grant is for the purchase of \$10,000 in CPR training equipment and educational and promotional items for the Pulsepoint application. In addition we will be applying for \$31,000 for expandable patient surfaces to fit existing stretchers for rescue vehicles. The Orlando Fire Department is seeking \$41,000 total from this grant. If awarded, the fire department will provide quotes for the equipment and educational/promotional items to be purchased to Orange County and they will procure on our behalf. The City will be the recipient of equipment and materials only and no actual funds will be received.

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?
☐ Yes ☒ 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:
☐ Yes ☒ No If No, how will this item be funded? 2015 Orange County EMS Advisory Council Grant 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 ☒ No If Yes, BRC Date: TBD BRC Item #: TBD

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

| 5. | (a) Current Year Estimate | (b) Next Year Annualized | (c) Annual Continuing Costs Thereafter |
|--------------|---------------------------------|--------------------------------|--|
| Personnel | \$0 | \$0 | \$0 |
| Operating | 0 | 0 | 0 |
| Capital | <u>0</u> | <u>\$0</u> | <u>0</u> |
| Total | <u>\$0</u> | <u>\$0</u> | <u>0</u> |

6. If costs do not continue indefinitely, explain nature and expiration date of costs: _____

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 ☒ No

(b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$ 0 Payment due date 0

(c) What is the nature of these costs: N/A

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ 0. 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: N/A \$ 0

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized?
Source N/A Fiscal year N/A \$ 0 non-recurring revenue

11. What is the Payback period? 0 years

12. JUSTIFICATION: Document justification for request. Include anticipated economies or efficiencies to be realized by the City, including reductions in personnel or actual cost (cash flow) reductions to be realized in your budget. This grant is for the purchase of \$10,000 in CPR training equipment and educational and promotional items for the Pulsepoint application. In addition we will be applying for \$31,000 for expandable patient surfaces to fit the existing stretchers. The Orlando Fire Department is seeking \$41,000 total from this grant. If awarded, the fire department will provide quotes for the equipment and educational/promotional items to be purchased to Orange County and they will procure on our behalf. The City will be the recipient of equipment and materials only and no actual funds will be received.

13. APPROVED: Roderick Williams (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08