

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: Request to make purchase of the 11 chest compression devices under the Assistance to Firefighters Grant (AFG) FY2015. The total purchase price is \$149,863.50. There is a 10% match (OFD0016 G) required by this grant. OFD EMS will cover the \$14,986.35 match. The remaining 90% (OFD0015 G) will be reimbursed by the U.S. Department of Homeland Security, FEMA. The period of performance is July 28, 2016 - July 27, 2017. Administrative authorization was given to submit this application.

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? _____ 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: _____ BRC Item #: _____

4. This item will be charged to Fund/Dept/Program/Project: Award OFD0015 G; match in OFD EMS OFD0016 G (AWD#00175).

5.	(a) <u>Current Year Estimate</u>	(b) <u>Next Year Annualized</u>	(c) <u>Annual Continuing Costs Thereafter</u>
Personnel	\$	\$0	\$0
Operating	\$	\$	0
Capital	<u>\$149,863.50</u>	<u>\$</u>	<u>0</u>
Total	<u>\$149,863.50</u>	<u>\$</u>	<u>0</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Cost to purchase equipment

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. Request to make purchase of the 11 chest compression devices under the Assistance to Firefighters Grant (AFG) FY2015. The total purchase price is \$149,863.50. There is a 10% match (OFD0016 G) required by this grant. OFD EMS will cover the \$14,986.35 match. The remaining 90% (OFD0015 G) will be reimbursed by the U.S. Department of Homeland Security, FEMA. The period of performance is July 28, 2016 - July 27, 2017. Administrative authorization was given to submit this application.

13. APPROVED: Roderick Williams (Submitting Director or authorized Division Mgr **Only**)
FIS 3/14/08