Wisconsin Department of Administration Division of Executive Budget and Finance DOA-2048 (R07/2000)

Fiscal Estimate - 2001 Session

| | Original | | Updated | | Corrected | | Supplemental |
|---|--|--|----------------------------|-----------------------------|---------------------------|--|--|
| LRB | Number | 01-4901/1 | | Intro | duction Numb | oer S | B-441 |
| Subje Define EMT s | | medical technicia program | an to include fi | rst responder | s for purposes of | the volun | teer firefighter and |
| Local: | No State Fisc ndeterminate Increase E Appropria Decrease Appropria Create Ne | e Existing tions Existing tions w Appropriation | Reveni Decrea Reveni | se Existing | absorb | se Costs - within ag Yes se Costs | May be possible to ency's budget |
| | Indeterminate 1. Increase Permiss 2. Decrease Permiss | e Costs sive Mandator se Costs sive Mandator | 4. Decrea | sive Mand se Revenue | Units Af Tow atory Cou | fected rns [] Inties [] | Overnment Village Cities Others WTCS Districts |
| Fund Sources Affected Affected Ch. 20 Appropriations GPR FED PRO PRS SEG SEGS | | | | | | | |
| Agenc | y/Prepared I | Ву | | Authorized S | ignature | | Date |
| DOA/ Kathleen Moore (608) 266-6497 | | | | Paul McMahon (608) 266-1359 | | | 2/15/02 |

Fiscal Estimate Narratives DOA 2/15/02

| LRB Number 01-490 1 | /1 Introduction Number | SB-441 | Estimate Type | Original | | | | | |
|---|------------------------|--------|---------------|----------|--|--|--|--|--|
| Subject | | | - | | | | | | |
| Define emergency medical technician to include first responders for purposes of the volunteer firefighter and EMT service award program | | | | | | | | | |

Assumptions Used in Arriving at Fiscal Estimate

Under the Volunteer Firefighter and EMT Service Award, annual contributions paid by municipalities are paid by the Volunteer Firefighter and EMT Service Board as a tax-deferred benefit to volunteer firefighters and EMT's who have contributed at least ten years of service to a municipality. SB 441 clarifies the definition of "emergency medical technician", but it does not expand or decrease the scope of the program.

Long-Range Fiscal Implications

Unknown

Wisconsin Department of Administration Division of Executive Budget and Finance DOA-2047 (R07/2000)

Fiscal Estimate Worksheet - 2001 Session

Detailed Estimate of Annual Fiscal Effect

| Original Updated | | Corrected | | Supplemental | | | | |
|---|-------|---|---------|-----------------|--|--|--|--|
| LRB Number 01-4901/1 | | | | | | | | |
| Subject | | | | | | | | |
| Define emergency medical technician to include first responders for purposes of the volunteer firefighter and EMT service award program | | | | | | | | |
| I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in | | | | | | | | |
| annualized fiscal effect): | | | | | | | | |
| II. Annualized Costs: | | Annualized Fiscal Impact on funds from: | | | | | | |
| | | Increased Costs | | Decreased Costs | | | | |
| A. State Costs by Category | | | | | | | | |
| State Operations - Salaries and Fringes | | \$ | | | | | | |
| (FTE Position Changes) | | <u>.</u> | | | | | | |
| State Operations - Other Costs | | | | | | | | |
| Local Assistance | | | | | | | | |
| Aids to Individuals or Organizations | | | | | | | | |
| TOTAL State Costs by Category | | \$ | | \$ | | | | |
| B. State Costs by Source of Funds | | | | | | | | |
| GPR | | | | | | | | |
| FED | | | | | | | | |
| PRO/PRS | | | | | | | | |
| SEG/SEG-S | | | | | | | | |
| III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.) | | | | | | | | |
| | | Increased Rev | | Decreased Rev | | | | |
| GPR Taxes | _ | \$ | | \$ | | | | |
| GPR Earned | | | | | | | | |
| FED | | | | | | | | |
| PRO/PRS | | | , | | | | | |
| SEG/SEG-S | | | | | | | | |
| TOTAL State Revenues | | \$ | \$ | | | | | |
| NET ANNUA | ALIZI | ED FISCAL IMPACT | | | | | | |
| | | <u>State</u> | | Local | | | | |
| NET CHANGE IN COSTS | | \$0 | | \$0 | | | | |
| NET CHANGE IN REVENUE | | \$0 | | \$0 | | | | |
| | | | | | | | | |
| Agency/Prepared By | Aut | horized Signature | Date | | | | | |
| DOA/ Kathleen Moore (608) 266-6497 | Pau | ıl McMahon (608) 266-1359 | 2/15/02 | | | | | |