

**Department New Request Form
Fiscal Year 2020**

Major Department:

Division/Sub-Department:

Request Category:

Request Rating:

Rank:

Title of New Request:

Funded?

1. Request Rationale:

Tuition reimbursement program for off-site paramedic courses. Provide up to \$14,000 per member up to a max of four members per year. Tuition reimbursement would require completion of a recognized paramedic program and returning to work for the City of Missoula Fire Department with paramedic certification.

2. Service Delivery Impact:

One of our goals is to provide Paramedic (ALS) level of service at all of our stations 24/7. Paramedic EMS is the "gold standard" of care for our customers. We currently have paramedics on staff but do not have a sufficient number to provide ALS service across the city 24/7.

3. Personnel Requirements (# FTE's required):

4. Cost Impact of New Program:

| Account # | Item | Qty | Unit Cost | Requested One-Time | Requested Ongoing | FY 2020 Unfunded | FY 2020 Funded | Proposed FY 2021 Ongoing |
|---------------------|----------|-----|-----------|--------------------|-------------------|------------------|----------------|--------------------------|
| 1000.300.420460.380 | Training | 4 | 14000 | | 56,000 | - | 56,000 | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| | | | | | - | - | - | |
| Expense Sub-Total | | | | - | 56,000 | - | 56,000 | - |

Revenue Offset:

| Account # | Revenue Description | Proposed Onetime Revenue | Proposed Ongoing Revenue |
|--------------------|--------------------------|--------------------------|--------------------------|
| 1000.000.311000.00 | T General Property taxes | | 56,000 |
| | | | |
| | | | |
| Revenue Sub-Total | | - | 56,000 |

Net Cost of Impact for New Program