



City of Milwaukee Fiscal Impact Statement

A

Date November 26, 2013 **File Number** 131104

Subject Substitute resolution relative to application, acceptance and funding of the 2014 Medical Assistance (MA) Outreach ForwardHealth Grant from the State of Wisconsin Department of Health Services.

B

Submitted By (Name/Title/Dept./Ext.) Yvette M. Rowe, Business Operations Manager, Health Department, X3997

C

- This File**
- ☐ Increases or decreases previously authorized expenditures.
 - ☐ Suspends expenditure authority.
 - ☐ Increases or decreases city services.
 - ☐ Authorizes a department to administer a program affecting the city's fiscal liability.
 - ☒ Increases or decreases revenue.
 - ☒ Requests an amendment to the salary or positions ordinance.
 - ☐ Authorizes borrowing and related debt service.
 - ☐ Authorizes contingent borrowing (authority only).
 - ☒ Authorizes the expenditure of funds not authorized in adopted City Budget.

D

- This Note**
- ☐ Was requested by committee chair.

E

- Charge To**
- ☐ Department Account
 - ☐ Capital Projects Fund
 - ☐ Debt Service
 - ☐ Other (Specify) _____
 - ☐ Contingent Fund
 - ☐ Special Purpose Accounts
 - ☒ Grant & Aid Accounts

F

Assumptions used in arriving at fiscal estimate.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries/Wages	\$426,287	\$227,169
	Fringe Benefits	\$200,354	\$106,769
Supplies/Materials		\$ 5,272	\$ 5,272
Equipment		\$ 5,000	\$ 5,000
	Equipment Rental	\$ 1,000	\$ 1,000
Services		\$ 11,000	\$ 11,000
Other	Contractual	\$110,000	\$ 0
	Indirect	\$ 49,539	\$ 0
TOTALS		\$808,452	\$356,210

H

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

☐ 1-3 Years ☐ 3-5 Years

☐ 1-3 Years ☐ 3-5 Years

☐ 1-3 Years ☐ 3-5 Years

I

List any costs not included in Sections E and F above.

J

Additional information.
