



# City of Milwaukee Fiscal Impact Statement

## A

**Date** November 26, 2013 **File Number** 131112

**Subject** Substitute resolution relative to the acceptance and funding of the 2014 Sexually Transmitted Diseases 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.

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G			
Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries/Wages	\$396,599	\$396,599
	Fringe Benefits	\$186,401	\$186,401
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS		\$583,000	\$583,000

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.	
<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years	_____
<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years	_____
<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years	_____

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

J
Additional information.
_____