



City of Milwaukee Fiscal Impact Statement

A

Date November 26, 2013 **File Number** 131107

Subject Substitute resolution relative to the acceptance and funding of the 2014 Consolidated Contract 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	\$ 830,787	\$ 612,075
	Fringe Benefits	\$ 390,470	\$ 287,675
Supplies/Materials		\$ 36,354	\$ 36,354
Equipment		\$ 2,000	\$ 2,000
Services		\$ 136,879	\$ 71,879
Other	Contractual	\$ 49,000	\$ 49,000
TOTALS		\$1,445,490	\$ 1,058,983

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.
