



# City of Milwaukee Fiscal Impact Statement

## A

**Date** December 5, 2011 **File Number** 111048

**Subject** Substitute resolution relative to application, acceptance and funding of the 2012 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.

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
<b>Salaries/Wages</b>	Salaries/Wages	\$382,523	\$182,749
	Fringe Benefits	\$191,263	\$91,376
<b>Supplies/Materials</b>			
<b>Equipment</b>		\$4,000	\$4,000
<b>Services</b>		\$16,000	\$16,000
<b>Other</b>	Contractual	\$15,000	\$15,000
	Indirect	\$55,878	
<b>TOTALS</b>		\$664,664	\$309,125

**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.

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**J**

Additional information.

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