



City of Milwaukee Fiscal Impact Statement

A **Date** 4/27/2018 **File Number** 171825 **Original** **Substitute**
Subject Resolution to amend the current contract with Froedtert Workforce Health to expand clinic services.

B **Submitted By (Name/Title/Dept./Ext.)** Renee Joos/Employee Benefits Director/DER

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 **Charge To**

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

E

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		\$0.00	\$0.00
		\$0.00	\$0.00
Supplies/Materials		\$0.00	\$0.00
		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
		\$0.00	\$0.00
Services		\$0.00	\$0.00
		\$0.00	\$0.00
Other		\$175,000.00	\$0.00
		\$0.00	\$0.00
TOTALS		\$175,000.00	\$ 0.00

F

Assumptions used in arriving at fiscal estimate.

The expenditures above equal six months of anticipated visit costs and will be absorbed within the 2018 healthcare budget appropriation.

G

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

H

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

I

Additional information.

This file does not add or change the level of expenditures for the City's Healthcare SPA and uses funds authorized and approved in the 2018 budget.

J

This Note Was requested by committee chair.