



# City of Milwaukee Fiscal Impact Statement

## A

**Date** February 12, 2014 **File Number** 131462  
**Subject** Substitute resolution relative to the acceptance and funding of the Universal Newborn Hearing Screening Program from the State of Wisconsin Department of Health Services.

## B

**Submitted By (Name/Title/Dept./Ext.)** Yvette 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**
- |  |  |
|--|--|
| <input type="checkbox"/> Department Account    | <input type="checkbox"/> Contingent Fund                 |
| <input type="checkbox"/> Capital Projects Fund | <input type="checkbox"/> Special Purpose Accounts        |
| <input type="checkbox"/> Debt Service          | <input checked="" type="checkbox"/> Grant & Aid Accounts |
| <input type="checkbox"/> Other (Specify) _____ |  |

## F

Assumptions used in arriving at fiscal estimate.

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		\$50,552	\$50,552
Supplies/Materials		\$1,474	\$1,474
Equipment			
Services		\$9,163	\$9,163
Other			
<b>TOTALS</b>		<b>\$61,189</b>	<b>\$61,189</b>

**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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