



City of Milwaukee Fiscal Impact Statement

A

Date November 6, 2014 **File Number** 141105

Subject Substitute resolution relative to the acceptance and funding of the 2015 Hepatitis B Immunization 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.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries/Wages	\$10,000	\$10,000
	Fringe Benefits	\$ 4,500	\$ 4,500
Supplies/Materials			
Equipment			
Services	Auto Allowance	\$ 500	\$ 500
Other			
TOTALS		\$15,000	\$15,000

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.

- 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.

J

Additional information.
