



City of Milwaukee Fiscal Impact Statement

A

Date	December 4, 2011	File Number	111030
Subject	Substitute resolution relative to application, acceptance and funding of the Around the Corner to Better Health Grant from the Healthier Wisconsin Partnership Program (Medical College of Wisconsin).		

B

Submitted By (Name/Title/Dept./Ext.)	Yvette M. Rowe, Business Operations Manager, Health Department, X3997
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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.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries/Wages	\$26,667	\$26,667
	Fringe Benefits	\$13,333	\$13,333
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS		\$40,000	\$40,000

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.
