



City of Milwaukee Fiscal Impact Statement

A

Date	May 21, 2015	File Number	150134
Subject	Substitute resolution relative to application, acceptance and funding of the Implementing Voluntary National Retail Food Regulatory Program Standards Grant from the Food and Drug Administration (FDA).		

B

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

This File	<input type="checkbox"/> Increases or decreases previously authorized expenditures. <input type="checkbox"/> Suspends expenditure authority. <input checked="" type="checkbox"/> Increases or decreases city services. <input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability. <input checked="" type="checkbox"/> Increases or decreases revenue. <input checked="" type="checkbox"/> Requests an amendment to the salary or positions ordinance. <input type="checkbox"/> Authorizes borrowing and related debt service. <input type="checkbox"/> Authorizes contingent borrowing (authority only). <input checked="" type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.
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D

This Note	<input type="checkbox"/> Was requested by committee chair.
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E

Charge To	<input type="checkbox"/> Department Account <input type="checkbox"/> Capital Projects Fund <input type="checkbox"/> Debt Service <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Contingent Fund <input type="checkbox"/> Special Purpose Accounts <input checked="" type="checkbox"/> Grant & Aid Accounts
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F

Assumptions used in arriving at fiscal estimate.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries	\$21,445	\$21,445
	Fringe Benefits	\$ 9,650	\$ 9,650
Supplies/Materials		\$ 4,005	\$ 4,005
Equipment		\$9,500	\$9,500
Services		\$5,400	\$5,400
Other		\$20,000	\$20,000
TOTALS		\$70,000	\$70,000

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.
