



# City of Milwaukee Fiscal Impact Statement

## A

<b>Date</b>	June 2, 2011	<b>File Number</b>	110156
<b>Subject</b>	Substitute resolution relative to application, acceptance and funding of the Healthy Homes and Lead Poisoning Prevention Grant from the Centers for Disease Control and Prevention (CDC).		

## B

<b>Submitted By (Name/Title/Dept./Ext.)</b>	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.

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages			
Supplies/Materials			
Equipment			
Services			
Other		\$600,000	\$600,000
<b>TOTALS</b>		\$600,000	\$600,000

**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.

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**J**

Additional information.

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