



City of Milwaukee Fiscal Impact Statement

A

Date February 12, 2014 **File Number** 131461
Subject Substitute resolution relative to the acceptance and funding of the Healthcare-Associated Infection Awareness (HAI) Grant from the National Association of County and City Health Officials (NACCHO).

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.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		\$4,704	\$4,704
Supplies/Materials		\$1,391	\$1,391
Equipment			
Services	Travel	\$1,905	\$1,905
Other	Facility Room Rental	\$2,000	\$2,000
TOTALS		\$10,000	\$10,000

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.
