



# City of Milwaukee Fiscal Impact Statement

## A

**Date** January 6, 2012 **File Number** 111165

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**Subject** Substitute resolution relative to application, acceptance and funding of the Public Health 101 Grant from the UW-Milwaukee School of Public Health.

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## B

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

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		\$7,500	\$7,500
Supplies/Materials		\$	\$
Equipment		\$	\$
Services		\$	\$
Other			
<b>TOTALS</b>		<b>\$7,500</b>	<b>\$7,500</b>

**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

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**I**

List any costs not included in Sections E and F above.

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**J**

Additional information.

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