



City of Milwaukee Fiscal Impact Statement

A

Date May 9, 2011 **File Number** 110019
Subject Resolution relative to the application, acceptance and funding of the Universal Newborn Hearing Screening Program from the State of Wisconsin Division of Public Health.

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			
Supplies/Materials			
Equipment			
Services			
Other		\$62,614	\$62,614
TOTALS		\$62,614	\$62,614

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.
