# City of Milwaukee
# Fiscal Impact Statement

| A |
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| **Date** | April 30, 2013 | **File Number** | 130048 |
|---|---|---|---|

| **Subject** | Substitute resolution amending Common Council Resolution #121067 relative to the acceptance and funding of the 2013 Women, Infants and Children's (WIC) Grant from the State of Wisconsin Department of Health Services. |
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| B |
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| **Submitted By (Name/Title/Dept./Ext.)** | Yvette M. Rowe, Business Operations Manager, Health Department, X3997 |
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| C |
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**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 |
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**This Note**

☐ Was requested by committee chair.

| E |
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**Charge To**

☐ Department Account    ☐ Contingent Fund

☐ Capital Projects Fund    ☐ Special Purpose Accounts

☐ Debt Service    ☒ Grant & Aid Accounts

☐ Other (Specify)

## F

**Assumptions used in arriving at fiscal estimate.**

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## G

| Purpose | Specify Type/Use | Expenditure | Revenue |
|---|---|---|---|
| **Salaries/Wages** | Salaries/Wages | ($51,606) | ($51,606) |
| | Fringe Benefits | ($24,771) | ($24,771) |
| **Supplies/Materials** | | ($ 5,979) | ($ 5,979) |
| | | | |
| **Equipment** | | ($ 1,500) | ($ 1,500) |
| | | | |
| **Services** | | ($ 10,884) | ($ 10,884) |
| | | | |
| **Other** | Contractual | ($ 15,000) | ($ 15,000) |
| | | | |
| **TOTALS** | | ($ 109,740) | ($ 109,740) |

## 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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