



City of Milwaukee Fiscal Impact Statement

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|----------|--|----------------------------------|---|--|
| A | Date <u>2/13/2017</u> | File Number <u>161517</u> | <input checked="" type="checkbox"/> Original | <input type="checkbox"/> Substitute |
| | Subject <u>New Position of Recast Program Manager</u> | | | |

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| B | Submitted By (Name/Title/Dept./Ext.) <u>David Piedt/Business Operation Manager/Health/3997</u> |
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| C | This File | <input type="checkbox"/> Increases or decreases previously authorized expenditures. |
| | | <input type="checkbox"/> Suspends expenditure authority. |
| | | <input type="checkbox"/> Increases or decreases city services. |
| | | <input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability. |
| | | <input type="checkbox"/> Increases or decreases revenue. |
| | | <input checked="" type="checkbox"/> Requests an amendment to the salary or positions ordinance. |
| | | <input type="checkbox"/> Authorizes borrowing and related debt service. |
| | | <input type="checkbox"/> Authorizes contingent borrowing (authority only). |
| | | <input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget. |

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| D | 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) _____ | |

| E | Purpose | Specify Type/Use | Expenditure | Revenue |
|---|--------------------|------------------|---------------------|----------------|
| | Salaries/Wages | | \$103,000.00 | \$0.00 |
| | | | \$0.00 | \$0.00 |
| | Supplies/Materials | | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 |
| | Equipment | | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 |
| | Services | | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 |
| | Other | | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 |
| | TOTALS | | \$103,000.00 | \$ 0.00 |

F**Assumptions used in arriving at fiscal estimate.** Preliminary starting salary of approximately \$71,000 plus 45% fringe**G****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.**

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|---|------------------------------------|--|
| <input checked="" type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | <u>Annual renewal grant up to 5 years.</u> |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | _____ |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | _____ |

H**List any costs not included in Sections D and E above.** _____**I****Additional information.**Position is 100% grant funded through the Recast grant GR3802616000. The grant is for \$1 million for 10/1/16 - 9/30/17, and is renewable annually for up to 5 years. This change moves the Recast manager position from Community Advocates into the Health Department. This grant already funds a program assistant in the health department.**J****This Note** **Was requested by committee chair.**