

## **City of Milwaukee Fiscal Impact Statement**

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Date	September 04, 2014	File Number	140715	
Subject	Substitute resolution relative to the application, acceptance and funding of the 2014-15 Family Foundations Comprehensive Home Visiting Grant from the State of Wisconsin Department of Children and Families			

	В	
Submitted By (Name/Title/Dept./Ext.)	Yvette M. Rowe, Business Operations Manager, Health Department, X3997	

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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.			
	$\boxtimes$ 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.			
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## D This Was requested by committee chair. Note

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Charge To	Department Account	Contingent Fund
	Capital Projects Fund	Special Purpose Accounts
	Debt Service	Grant & Aid Accounts
	Other (Specify)	

## Assumptions used in arriving at fiscal estimate.

Expenditures below include the amount of \$980,793 of city share already budgeted in O&M.

G					
Purpose	Specify Type/Use	Expenditure	Revenue		
Salaries/Wages	Salaries	\$1,158,990	\$588,240		
	Fringe Benefits	\$544,725	\$276,473		
Supplies/Materials		\$51,752	\$34,762		
Equipment		\$0	\$0		
Services		\$211,400	\$136,600		
Other		\$580,688	\$530,688		
TOTALS		\$2,547,555	\$1,566,763		

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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□ 1-3 Years □ 3-5 Years

🗌 1-3 Years 🔲 3-5 Years

🗌 1-3 Years 🔲 3-5 Years

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

Additional information.