



# City of Milwaukee Fiscal Impact Statement

## A

<b>Date</b>	December 4, 2011	<b>File Number</b>	111033
<b>Subject</b>	Substitute resolution relative to the application, acceptance and funding of the 2012 Hepatitis B Immunization Grant from the State of Wisconsin Department of Health Services.		

## B

<b>Submitted By (Name/Title/Dept./Ext.)</b>	Yvette M. Rowe, Business Operations Manager, Health Department, 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**
- |   |  |
|---|--|
| <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<br>(Specify) _____ |  |

**F**

Assumptions used in arriving at fiscal estimate.

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
<b>Salaries/Wages</b>	Salaries/Wages	\$27,830	\$27,830
	Fringe Benefits	\$16,141	\$16,141
<b>Supplies/Materials</b>			
<b>Equipment</b>			
<b>Services</b>	Auto Allowance	\$ 1,029	\$ 1,029
<b>Other</b>			
<b>TOTALS</b>		\$45,000	\$45,000

**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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