City of Milwaukee
Fiscal Impact Statement

A	
Date March 11, 2013	**File Number** 121657

Subject Resolution relative to the acceptance and funding of the Lifecourse Initiative for Healthy Families (LIHF) Grant from the Wisconsin Partnership Program - University of Wisconsin-School of Medicine and Public Health.

B
Submitted By (Name/Title/Dept./Ext.) Yvette M. 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

☐ 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.

_____

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries/Wages	$27,000	$
	Fringe Benefits	$13,500	$
Supplies/Materials		$25,573	$16,573
Equipment		$20,500	$7,000
Services		$56,394	$56,394
Other	Contractual-My Fathers House, Inc.	$300,000	$300,000
	Contractual-UW	$20,033	$20,033
TOTALS		$463,000	$400,000

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.

_____

J

Additional information.

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