



# City of Milwaukee Fiscal Impact Statement

## A

**Date** March 11, 2013 **File Number** 121658  
**Subject** Resolution relative to the acceptance and funding of the Universal Newborn Hearing Screening Program from the State of Wisconsin Division of Public Health.

## B

**Submitted By (Name/Title/Dept./Ext.)** Yvette 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**

<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) _____	

## F

Assumptions used in arriving at fiscal estimate.

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		50,144	50,144
Supplies/Materials		5,917	5,917
Equipment			
Services		1,500	1,500
Other			
<b>TOTALS</b>		<b>\$57,561</b>	<b>\$57,561</b>

**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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