



City of Milwaukee Fiscal Impact Statement

A

Date	May 15, 2014	File Number	140142
Subject	Substitute resolution relative to acceptance and funding of the Wisconsin Well Woman Program Grant from the State of Wisconsin - Department of Health Services.		

B

Submitted By (Name/Title/Dept./Ext.)	Yvette M. Rowe, Business Operations Manager, Health Department, X3997
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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 checked="" 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 checked="" type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.
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D

This Note	<input type="checkbox"/> Was requested by committee chair.
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E

Charge To	<input type="checkbox"/> Department Account <input type="checkbox"/> Capital Projects Fund <input type="checkbox"/> Debt Service <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Contingent Fund <input type="checkbox"/> Special Purpose Accounts <input checked="" type="checkbox"/> Grant & Aid Accounts
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F

Assumptions used in arriving at fiscal estimate.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries	\$198,000	\$198,000
	Fringe Benefits	\$ 93,060	\$ 93,060
Supplies/Materials		\$ 61,140	\$ 61,140
Equipment			
Services		\$ 48,000	\$ 48,000
Other		\$225,000	\$225,000
TOTALS		\$625,200	\$625,200

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.
