



City of Milwaukee Fiscal Impact Statement

A

Date May 21, 2015 **File Number** 150136

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

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
- Capital Projects Fund
- Debt Service
- Other (Specify) _____
- Contingent Fund
- Special Purpose Accounts
- Grant & Aid Accounts

F

Assumptions used in arriving at fiscal estimate.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries	\$275,530	\$275,530
	Fringe Benefits	\$123,989	\$123,989
Supplies/Materials		\$ 30,141	\$ 30,141
Equipment			
Services		\$ 15,560	\$ 15,560
Other		\$280,000	\$280,000
TOTALS		\$725,220	\$725,220

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.
