



# City of Milwaukee Fiscal Impact Statement

## A

**Date** November 6, 2014 **File Number** 141102

**Subject** Substitute resolution relative to application, acceptance and funding of the 2015 Medical Assistance (MA) Outreach Forward Health 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.

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**G**

| Purpose                   | Specify Type/Use | Expenditure | Revenue   |
|---------------------------|------------------|-------------|-----------|
| <b>Salaries/Wages</b>     | Salaries/Wages   | \$428,073   | \$225,322 |
|                           | Fringe Benefits  | \$192,633   | \$101,395 |
| <b>Supplies/Materials</b> |                  | \$ 4,000    | \$ 4,000  |
|                           |                  |             |           |
| <b>Equipment</b>          |                  | \$ 2,000    | \$ 2,000  |
|                           | Equipment Rental | \$ 1,000    | \$ 1,000  |
| <b>Services</b>           |                  | \$ 8,000    | \$ 8,000  |
|                           |                  |             |           |
| <b>Other</b>              | Contractual      | \$          | \$ 0      |
|                           | Indirect         | \$ 47,728   | \$ 0      |
| <b>TOTALS</b>             |                  | \$683,434   | \$341,717 |

**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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