



# City of Milwaukee Fiscal Impact Statement

## A

<b>Date</b>	March 5, 2015	<b>File Number</b>	141718
<b>Subject</b>	Substitute resolution relative to acceptance and funding of the Community Health Improvement in Metcalf Park and Concordia (CHIMC): Save Lives-Immunize Grant from the Medical College of Wisconsin (MCW).		

## B

<b>Submitted By (Name/Title/Dept./Ext.)</b>	Yvette Rowe, Business Operations Manager, Health Department, X3997
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## C

<b>This File</b>	<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

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

<b>Charge To</b>	<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.

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries	\$11,680	\$11,680
	Fringes	\$ 5,256	\$ 5,256
Supplies/Materials		\$ 1,487	\$ 1,487
Equipment			
Services			
Other			
<b>TOTALS</b>		<b>\$18,423</b>	<b>\$18,423</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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