



# City of Milwaukee Fiscal Impact Statement

## A

**Date** June 14, 2012 **File Number** 120237

**Subject** Substitute resolution relative to the application, acceptance and funding of the Family Foundations Comprehensive Home Visiting Grant from the State of Wisconsin Department of Children and Families.

## 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.**

Expenditures below include the amount of \$899,500 of city share.

<b>G</b>			
<b>Purpose</b>	<b>Specify Type/Use</b>	<b>Expenditure</b>	<b>Revenue</b>
<b>Salaries/Wages</b>		\$1,326,000	\$501,000
<b>Supplies/Materials</b>		\$7,500	\$2,500
<b>Equipment</b>		\$0	\$0
<b>Services</b>		\$111,313	\$61,813
<b>Other</b>		\$354,687	\$334,687
<b>TOTALS</b>		\$1,799,500	\$900,000

**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.