

## City of Milwaukee Fiscal Impact Statement

| A |  |  |
| :--- | :--- | :--- |
| Date <br> Subject | October 1, 2012 | File <br> Number |
|  | Substitute resolution amending Common Council File \#120242 relative to the aplication, <br> acceptance and funding of the Public Health Preparedness (CDC) Grant from the State of <br> Wisconsin - Department of Health Services. |  |


| B |  |
| :--- | :--- |
| Submitted By <br> (Name/Title/Dept./Ext.) | Yvette M. Rowe, Business Operations Manager, Health, X3997 |


| This | $\square$ Increases or decreases previously authorized expenditures. |
| :--- | :--- |
| File |  |
|  | $\square$ Suspends expenditure authority. |
|  | $\square$ Increases or decreases city services. |
|  | $\square$ Authorizes a department to administer a program affecting the city's fiscal |
|  | liability. |
|  | $\square$ Increases or decreases revenue. |
|  | $\boxtimes$ Requests an amendment to the salary or positions ordinance. |
|  | $\square$ Authorizes borrowing and related debt service. |
|  | $\square$ Authorizes contingent borrowing (authority only). |
|  | $\square$ Authorizes the expenditure of funds not authorized in adopted City Budget. |
|  |  |


|  | D |
| :--- | :--- |
| This <br> Note$\quad \square$ Was requested by committee chair. |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :---: | :---: |
| Charge | $\square$ Department Account |  | $\square$ Contingent Fund |  |  |
| To |  |  |  |  |  |
|  | $\square$ Capital Projects Fund | $\square$ Special Purpose Accounts |  |  |  |
|  | $\square$ Debt Service | $\square$ Grant \& Aid Accounts |  |  |  |
|  | $\square$ Other |  |  |  |  |
|  | (Specify) |  |  |  |  |

Assumptions used in arriving at fiscal estimate.

| G |  | Revenue |  |
| :--- | :--- | :--- | :--- |
| Purpose | Specify Type/Use | Expenditure | $\$$ |
| Salaries/Wages |  | $\$$ |  |
|  |  |  | $\$$ |
| Supplies/Materials |  | $\$$ |  |
|  |  | $\$$ | $\$$ |
| Equipment |  | $\$$ | $\$$ |
|  |  |  |  |
| Services |  | $\$$ | $\$$ |
|  |  |  | $\$$ |
| Other |  |  |  |
|  |  |  |  |
| TOTALS |  |  |  |

## 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.
$\begin{array}{llll}\square & \text { 1-3 Years } & \square & \text { 3-5 Years } \\ \square & \text { 1-3 Years } & \square & \text { 3-5 Years } \\ \square & \text { 1-3 Years } & \square & 3-5 \text { Years }\end{array}$ $\qquad$

## I

List any costs not included in Sections E and F above.

## J

Additional information.

