



# City of Milwaukee Fiscal Impact Statement

## A

**Date** February 10, 2012 **File Number** 111386

**Subject** Substitute resolution relative to the application, acceptance and funding of the Immunize Milwaukee Grant from the UW School of Medicine and Public Health-Wisconsin Partnership Program.

## B

**Submitted By (Name/Title/Dept./Ext.)** Yvette 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**

<input type="checkbox"/> Department Account	<input type="checkbox"/> Contingent Fund
<input type="checkbox"/> Capital Projects Fund	<input type="checkbox"/> Special Purpose Accounts
<input type="checkbox"/> Debt Service	<input checked="" type="checkbox"/> Grant & Aid Accounts
<input type="checkbox"/> Other (Specify) _____	

**F**

Assumptions used in arriving at fiscal estimate.

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		\$8,250	\$8,250
Supplies/Materials		\$1,590	\$1,590
Equipment			
Services			
Other			
<b>TOTALS</b>		\$9,840	\$9,840

**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

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**I**

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

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**J**

Additional information.

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