



# City of Milwaukee Fiscal Impact Statement

**A** **Date** 6/17/2014 **File Number** 140077  **Original**  **Substitute**  
**Subject** Resolution approving a pilot nurse practitioner service to be provided in the Wellness Center by Workforce Health.

**B** **Submitted By (Name/Title/Dept./Ext.)** Michael Brady, Employee Benefits Director, DER, 2317

**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** **Charge To**

- Department Account
- Capital Projects Fund
- Debt Service
- Other (Specify) \_\_\_\_\_
- Contingent Fund
- Special Purpose Accounts
- Grant & Aid Accounts

	Purpose	Specify Type/Use	Expenditure	Revenue
<b>E</b>	Salaries/Wages		\$0.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services			\$0.00
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$ 0.00</b>	<b>\$ 0.00</b>

**F**

**Assumptions used in arriving at fiscal estimate.**

Contract will be negotiated; amount to be determined; final approval of contract subject to Common Council approval.

**G**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H**

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

\_\_\_\_\_

**I**

Additional information.

\_\_\_\_\_

**J**

This Note  Was requested by committee chair.