



# City of Milwaukee Fiscal Impact Statement

## A

**Date** March 11, 2013 **File Number** 121659  
**Subject** Resolution relative to the application, acceptance and funding of the Preserving Infant and Child Health Grant from the University of Wisconsin-School of Medicine and Public Health.

## 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		\$62,160	\$47,360
Supplies/Materials		\$434	\$434
Equipment			
Services		\$ 600	\$ 600
Other		\$2,500	
TOTALS		\$65,694	\$48,394

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.	
<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years	_____
<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years	_____
<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years	_____

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

J
Additional information.
_____