



City of Milwaukee Fiscal Impact Statement

A

Date	November 25, 2013	File Number	131108
Subject	Substitute resolution relative to the application, acceptance and funding of the 2014 Hepatitis B Immunization Grant from the State of Wisconsin Department of Health Services.		

B

Submitted By (Name/Title/Dept./Ext.)	Yvette M. Rowe, Business Operations Manager, Health Department, X3997
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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.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries/Wages	\$22,619	\$22,619
	Fringe Benefits	\$10,631	\$10,631
Supplies/Materials			
Equipment			
Services	Auto Allowance	\$ 500	\$ 500
Other			
TOTALS		\$33,750	\$33,750

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.
