



# City of Milwaukee Fiscal Impact Statement

## A

**Date** November 6, 2014 **File Number** 141117

**Subject** Substitute resolution relative to the acceptance and funding of the 2015 Sexually Transmitted Diseases Grant-STD Infertility Prevention 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

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

**F**

Assumptions used in arriving at fiscal estimate.

---

**G**

Purpose	Specify Type/Use	Expenditure	Revenue
<b>Salaries/Wages</b>	Salaries/Wages	\$234,483	\$234,483
	Fringe Benefits	\$105,517	\$105,517
<b>Supplies/Materials</b>			
<b>Equipment</b>			
<b>Services</b>			
<b>Other</b>			
<b>TOTALS</b>		\$340,000	\$340,000

**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.

---