



City of Milwaukee Fiscal Impact Statement

A

Date	June 4, 2015	File Number	150272
Subject	Substitute resolution relative to the acceptance and funding of the Public Health Emergency Preparedness Ebola 2 Grant from the State of Wisconsin - Department of Health Services.		

B

Submitted By (Name/Title/Dept./Ext.)	Yvette M. Rowe, Business Operations Manager, Health, 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	\$ 8,000	\$ 8,000
	Fringe Benefits	\$ 4,000	\$ 4,000
Supplies/Materials		\$ 15,000	\$ 15,000
Equipment		\$	\$
Services		\$ 42,180	\$ 42,180
Other	Contractual Services	\$ 32,000	\$ 32,000
	Equip & Facility Rental	\$ 10,000	\$ 10,000
TOTALS		\$ 111,180	\$ 111,180

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.
