



# City of Milwaukee Fiscal Impact Statement

## A

<b>Date</b>	September 03, 2015	<b>File Number</b>	150599
<b>Subject</b>	Substitute resolution relative to the acceptance and funding of the 2015-16 Healthy Birth Outcomes Grant from United Way of Greater Milwaukee & Waukesha County.		

## B

<b>Submitted By (Name/Title/Dept./Ext.)</b>	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

- |                                          |                                                |                                                          |
|------------------------------------------|------------------------------------------------|----------------------------------------------------------|
| <b>Charge To</b>                         | <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	Salaries	\$33,784	\$33,784
	Fringe Benefits	\$16,216	\$16,216
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS		\$50,000	\$50,000

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.	
<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.
_____