

MILWAUKEE COUNTY FISCAL NOTE FORM**DATE:** 7/7/2025Original Fiscal Note ☒Substitute Fiscal Note ☐

SUBJECT: From the Superintendent, Milwaukee County Community Reintegration Center (CRC), requesting authorization to amend the two-year Purchase of Service Contract with three one-year extensions with Trinity Services Group, Inc. in the approximate value of \$475,000 for the provision of food services at the Community Reintegration Center, the Criminal Justice Facility, and the Vel Phillips Youth Detention Center for the period of April 1, 2024, to March 31, 2029.

FISCAL EFFECT:

- ☐ No Direct County Fiscal Impact
- ☐ Existing Staff Time Required
- ☒ Increase Operating Expenditures
(If checked, check one of two boxes below)
- ☒ Absorbed Within Agency's Budget
- ☐ Not Absorbed Within Agency's Budget
- ☐ Decrease Operating Expenditures
- ☐ Increase Operating Revenues
- ☐ Decrease Operating Revenues
- ☐ Increase Capital Expenditures
- ☐ Decrease Capital Expenditures
- ☐ Increase Capital Revenues
- ☐ Decrease Capital Revenues
- ☐ Use of contingent funds

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Years
Operating Budget	Expenditure	\$68,320	\$417,480
	Revenue	\$0	\$0
	Net Cost	\$0	\$0
Capital Improvement Budget	Expenditure	\$0	\$0
	Revenue	\$0	\$0
	Net Cost	\$0	\$0

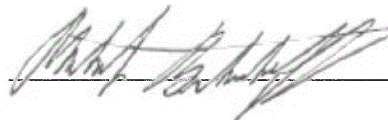
DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
 - B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
 - C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
 - D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
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- A. The Community Reintegration Center facilitates the Trinity Services Group, Inc. contract for food service at the Community Reintegration Center, the Criminal Justice Facility, and Vel Phillips Youth Detention Center. Children, Youth and Family Services (CYFS) within DHHS is requesting approval to increase their portion of the contract to provide an updated youth menu and an additional snack (sandwich) in the evenings for an increased amount of \$485,800 over the course of the contract through March 31, 2029.
 - B. The updated menu and additional snack increase costs by approximately \$0.58 per meal. The 2025 additional cost is estimated to be approximately \$68,320. The remaining years in the contract increase by approximately \$417,480.
 - C. The current CYFS 2025 budget has sufficient funding to offset this increased cost and has no impact on the tax levy.
 - D. The estimate assumes approximately 140,000 regular meals. Actual number of meals served may vary based on youth in care.

Department/Prepared By Pam Matthews, Sr. Budget & Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CBDP Review? ☐ Yes ☐ No ☒ Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

Certificate Of Completion

Envelope Id: 915C321F-08AF-49CE-8785-36D60078FAB7
 Subject: Complete with Docusign: 25-484 Fiscal Report.docx
 Source Envelope:
 Document Pages: 2
 Certificate Pages: 1
 AutoNav: Disabled
 Envelopeld Stamping: Disabled
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:
 Michael Bickerstaff
 633 W. Wisconsin Ave.
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 Milwaukee, WI 53203
 Michael.Bickerstaff@milwaukeecountywi.gov
 IP Address: 204.194.251.3

Record Tracking

Status: Original
 7/7/2025 8:55:32 AM

Holder: Michael Bickerstaff

Location: DocuSign

Michael.Bickerstaff@milwaukeecountywi.gov

Signer Events

Michael Bickerstaff
 Michael.Bickerstaff@milwaukeecountywi.gov
 Public Safety Fiscal Administrator - HOC
 Milwaukee County
 Security Level: Email, Account Authentication (None)

Signature

Signature Adoption: Uploaded Signature Image
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Timestamp

Sent: 7/7/2025 8:55:50 AM
 Viewed: 7/7/2025 8:55:54 AM
 Signed: 7/7/2025 8:56:39 AM
 Freeform Signing

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

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Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	7/7/2025 8:55:50 AM
Certified Delivered	Security Checked	7/7/2025 8:55:54 AM
Signing Complete	Security Checked	7/7/2025 8:56:39 AM
Completed	Security Checked	7/7/2025 8:56:39 AM

Payment Events

Status

Timestamps