MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	E: April 1	19, 2024		Origin	al Fiscal Not	e 🗵					
				Subst	itute Fiscal N	lote					
SUBJECT: A report from the Director, Department of Health and Human Strequesting authorization to amend two 2024 purchase of service contrast Serving Older Adults (SOA) of Southeast Wisconsin for meal site suggested and programming at the five Milwaukee County-owned senior centers											
FISCAL EFFECT:											
\boxtimes	No Direct C	ounty Fiscal I	mpact		Increase Ca	apital Expenditures					
		•	aff Time Required		Decrease C	Capital Expenditures					
	(If checked, check one of two boxes below)				Increase Capital Revenues						
	Absorbed with		agency's Budget		Decrease Capital Revenues						
	☐ Not	Absorbed Wit	hin Agency's Budget	t							
☐ Decrease Operating		perating Exp	g Expenditures		Use of contingent funds						
☐ Increase Operating Revenues											
	Decrease C	perating Rev	enues								
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 evenue Category	Currer	nt Year	Subsequent Year					
Operating Budget		get Exp	penditure	\$129,547		\$0					
		Rev	venue	\$129,547		\$0					
		Net	Cost	\$0		\$0					
-	pital Improv	ement Exp	penditure								
Budget		Rev	venue								
		Net	Cost								

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.
 - A. DHHS is requesting authorization to amend 2024 purchase of service contracts with Milwaukee County DHHS Adult and Disability Services Area Agency on Aging to provide meal site supervision and programming at five county-owned senior centers.
 - B. First, this request seeks to increase the contract with Serving Older Adults of Southeast Wisconsin (SOA) by \$10,000 for meal site supervision, from \$100,000 to \$110,000. Second, the request would also authorize an increase to the contract for programmatic supervision for \$119,547, from \$905,000 to \$1,024,547. This increase would support the TechConnect work in HACM sites which helps older adults with technological access.
 - C. Both increases would be supported by Home and Community-Based Services (HCBS) Medicaid ARPA and Older Americans Act (OAA)-American Rescue Plan Act (ARPA) funds, Title III-B for the socialization; and Title III-C for meals.
 - D. No Assumptions were made.

Department/Prepared By: Carrie Koss Vallejo, Program and Planning Coordinator (DHHS-ADS)

Authorized Signature Shakita LaGrant-McClain

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.

Did DAS-Fiscal Staff Review?	Yes	No		
Did CBDP Review? ²	Yes	No	\boxtimes	Not Required