MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: October 22, 20	<u>24</u>	Origin	al Fiscal No	te 🖂					
		Substi	itute Fiscal I	Note					
SUBJECT: Request for authorization to purchase Dental and Vision Administration through Delta Dental for January 1, 2025 – December 31, 2029									
FISCAL EFFECT:									
No Direct County Fiscal Impact			Increase Capital Expenditures						
			Decrease Capital Expenditures						
*Increase Operating Expenditures (If checked, check one of two boxes below)			Increase Capital Revenues						
Absorbed Within Agency's Budget			Decrease Capital Revenues						
☐ Not Absorbed	Within Agency's Budget								
□ Decrease Operating Expenditures			Use of contingent funds						
☐ Increase Operating Revenues									
Decrease Operating Revenues									
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 (2024)		Subsequent Year (2025)					
Operating Budget	Expenditure	\$5,07		\$5,079.38					
	Revenue								
	Net Cost								
Capital Improvement	Expenditure								
Budget	Revenue								

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.) Approval of this request would enable the Director of Total Rewards to extend the current contract with Dental Dental for administration of Milwaukee County's Dental and Vision Administration from January 1, 2025 through December 31, 2029 at an annual cost estimated at \$5,079.38..

B.) The contract is for a ASO Dental Fee of \$2.95 per primary subscriber per month (PMPM).

epartment/Prepared By <u>Tony L. Maze, Director of Total Rewards</u>						
Authorized Signature	In	2/2	/	/		
Did DAS-Fiscal Staff Review	v? 🗌	Yes	\boxtimes	No		
Did CBDP Review?2		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.