

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** February 20, 2020

Original Fiscal Note            X

Substitute Fiscal Note       

**SUBJECT:** From the Chief Deputy, Office of the Sheriff, requests the authority to execute an agreement with Milwaukee Regional Medical Center Inc. (MRMC) to provide two Deputy Sheriffs to perform law-enforcement related services at the premises of Milwaukee Regional Medical Center Inc. in an amount of \$1,057,892.39.

**FISCAL EFFECT:**

- |   |  |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact                       | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required                         | <input type="checkbox"/> Decrease Capital Expenditures |
| Increase Operating Expenditures<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input type="checkbox"/> Absorbed Within Agency's Budget                      | <input type="checkbox"/> Decrease Capital Revenues     |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget                  |  |
| <input checked="" type="checkbox"/> Decrease Operating Expenditures           | <input type="checkbox"/> Use of contingent funds       |
| X Increase Operating Revenues   |  |
| <input type="checkbox"/> 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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year 2020</b>	<b>Subsequent Year 2021</b>
<b>Operating Budget</b>	Expenditure	\$793,419.29	\$264,473.10
	Revenue	\$793,419.29	\$264,473.10
	Net Cost	0	0
<b>Capital Improvement Budget</b>	Expenditure		
	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. <sup>1</sup> 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. The Chief Deputy, Office of the Sheriff, requests the authority to execute an agreement with Milwaukee Regional Medical Center Inc. to provide two deputy sheriffs stationed to perform law-enforcement related services at the premises of Milwaukee Regional Medical Center Inc. in an amount of \$1,057,892.39 for the period beginning March 31<sup>st</sup>, 2020 and ending midnight March 31<sup>st</sup>, 2021.

B. The rates per hour have been approved by the Milwaukee County Sheriff's Office, Fiscal Administration, and agreed upon by MRMC:

The rates are as follows:

Deputy Sheriff I Budgeted Straight Time Rate	\$35.2184
Deputy Sheriff I Benefits (Health, Pension, Social Security)	\$14.9789
Education, Hazardous Duty & uniforms	\$0.8636
Cost of Squad and Equipment (6.0% of Base)	\$2.1131
Cost of Scheduling & Supervision	\$1.9471
Administrative Overhead	\$3.3008
STH Rate	\$58.4219
OTH Rate	\$65.2865

<sup>1</sup> 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.

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

24 STH work hours X365 hours = 8,760 work hours X 58.4219 X 2	\$1,023,551.69
Three percent overtime = 263 work hours X 65.2865 X 2	\$34,340.70
Total Estimated	\$1,057,892.39

C. The total contract with Milwaukee Regional Medical Centre Inc. is at \$1,057,892.39. In the current year the cost is \$793,419.29 and in the subsequent year it will be \$264,473.10. MCSO will invoice MRMC quarterly for \$264,473.10.

D. There is no impact on tax levy.

Department/Prepared By Renny More Public Safety Fiscal Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

Did CDBP Review?<sup>2</sup>  Yes  No  Not Required