

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 8/2/2023

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request to amend Chapter 17.14 (22) of MCGO to add Weapon Officer's Pay.

**FISCAL EFFECT:**

No Direct County Fiscal Impact Expenditures

Increase Capital

Existing Staff Time Required

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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	\$7,500	\$12,500
	Revenue	0	0
	Net Cost	\$7,500	\$12,500
<b>Capital Improvement Budget</b>	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. <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. Approval of this resolution/ordinance will authorize payroll to pay employees on the first pay period in December at the Community Reintegration Center (CRC) a bonus of \$500 for each employee who have completed the Wisconsin Department of Justice Law Enforcement Standards Board Firearms curriculum and continue to be certified for firearms as outlined by the State of Wisconsin and also have a Commercial Driver’s License (CDL).
- B. Currently the CRC has 15 employees who have both the certification for firearms and the CDL. It is estimated that this action will cost the CRC \$7,500 in 2023 and \$12,500 in 2024.
- C. Funds are available in 2023 to pay for this bonus. Funds will also be included in the 2024 requested budget for this bonus if approved.
- D. It is assumed that the CRC will have 25 employees that will have both the certification for firearms and the CDL by January of 2024.

Department/Prepared By CRC/Michael Bickerstaff

Authorized Signature Chantell Jewell

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review?  Yes  No  Not Required

<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.

**Certificate Of Completion**

Envelope Id: 0F6A92A3385F4A409FC27A9D8AA1FAD1	Status: Completed
Subject: Complete with DocuSign: Weapon Officer Pay FISCAL NOTE draft 2.docx	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Michael Bickerstaff
Time Zone: (UTC-06:00) Central Time (US & Canada)	633 W. Wisconsin Ave.
	Suite 901
	Milwaukee, WI 53203
	Michael.Bickerstaff@milwaukeecountywi.gov
	IP Address: 204.194.251.5

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7/24/2023 12:15:39 PM		
	Michael.Bickerstaff@milwaukeecountywi.gov	

**Signer Events**

Signature	Timestamp
Chantell Jewell	Sent: 7/24/2023 12:16:09 PM
Chantell.jewell@milwaukeecountywi.gov	Viewed: 7/24/2023 12:56:35 PM
Superintendent	Signed: 8/2/2023 2:46:34 PM
Milwaukee County	
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style
	Using IP Address: 204.194.251.5

**Electronic Record and Signature Disclosure:**  
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**Editor Delivery Events**

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**Agent Delivery Events**

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**Intermediary Delivery Events**

Status	Timestamp
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**Certified Delivery Events**

Status	Timestamp
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**Carbon Copy Events**

Status	Timestamp
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**Witness Events**

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**Notary Events**

Signature	Timestamp
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**Envelope Summary Events**

Status	Timestamps
Envelope Sent	Hashed/Encrypted 7/24/2023 12:16:09 PM
Certified Delivered	Security Checked 7/24/2023 12:56:35 PM
Signing Complete	Security Checked 8/2/2023 2:46:34 PM
Completed	Security Checked 8/2/2023 2:46:34 PM

**Payment Events**

Status	Timestamps
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