

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 5/14/2018

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Request to create 2.0 FTEs Community Intervention Specialists in the Housing Division of the Department of Health and Human Services.

**FISCAL EFFECT:**

No Direct County Fiscal Impact  Increase Capital Expenditures

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	\$37,079	\$80,339
	Revenue	\$0	\$0
	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.

The attached resolution would create a 1.0 FTE Executive Assistant position within the Division of Youth and Family Services of the Department of Health and Human Services. The new position would be at grade 25M, with a range of \$51,403 - \$58,430 for salary (or \$75,792 - \$84,247 with salary, social security, pension and health care). Assuming the position is filled in Pay Period 14, at step 3 the direct cost (salary, social security, healthcare, and pension) impact in 2018 is an increase in expenditures of \$37,079. The annual direct cost impact for the salary, social security, pension, and health care costs of 1.0 Executive Assistant filled at step 3 in pay grade 25M is \$80,339. The full costs associated with the position, including any office supplies, equipment, office space, etc. will be paid for by Youth Aids revenue and there is no direct tax levy impact. These expenses will be absorbed in the current DHHS 2018 budget. In subsequent years, the costs associated with this position are also anticipated to be included in the DHHS budget and funded through Youth Aids revenue.

Department/Prepared by: Lisa Wozny, DAS-PSB

Authorized Signature \_\_\_\_\_

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review? <sup>2</sup>  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.

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