MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/8/2024

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: From the Superintendent, Community Reintegration Center requesting authorization to enter into a Purchase of Service Contract extension with Aramark Correctional Services LLC to extend the term for commissary, trust accounting, and kiosk services on a month-to-month basis beginning on January 1, 2025, and continuing at the County's sole option until the transition to the new contract or until June 30, 2025, whichever comes first (the "Amendment No. 6 Extension Term") to ensure continuity in commissary and accounting services, and allow the requestion for proposal to conclude for these services.

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.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	$0	$0
	Revenue	0	$0
	Net Cost	$0	0
Capital Improvement Budget	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. [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 contract will authorize the Superintendent of the Community Reintegration Center (CRC) to enter into a six-month Purchase of Service contract extension with Aramark Correctional Services, LLC for continuation of commissary and trust accounting services.

B. Aramark pays the County a percentage of commissary sales. This extension would not change costs or revenues. The estimated revenue for six months in 2025 for the CRC is $262,500, and for the CJF is $160,000.

C. No impact on the current or subsequent year if this contract is approved. Because both the CRC and the Office of the Sheriff budgeted these revenues for 2025.

D. No assumptions applicable.

Department/Prepared By   CRC/Veronica McClain

Authorized Signature _____

Did DAS-Fiscal Staff Review?	☒ Yes	☐ No		
Did CBDP Review?	☐ Yes	☐ No	☒ Not Required	

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[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.

Certificate Of Completion

Envelope Id: 80E9620FCAA04E108EB915BDCC7AAA88   Status: Completed
Subject: Complete with Docusign: 2024 Aramark Commissary Contract Extension Fiscal Note Draft 1 (VM).docx
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Document Pages: 2	Signatures: 1	Envelope Originator:
Certificate Pages: 1	Initials: 0	Veronica McClain
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Michael Bickerstaff Michael.Bickerstaff@milwaukeecountywi.gov Public Safety Fiscal Administrator - HOC Milwaukee County Security Level: Email, Account Authentication (None)	*[signature]* Signature Adoption: Uploaded Signature Image Using IP Address: 204.194.251.5	Sent: 11/8/2024 9:48:07 AM Viewed: 11/8/2024 10:36:33 AM Signed: 11/8/2024 10:36:39 AM

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Intermediary Delivery Events	Status	Timestamp

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Envelope Summary Events	Status	Timestamps
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Signing Complete	Security Checked	11/8/2024 10:36:39 AM
Completed	Security Checked	11/8/2024 10:36:39 AM

Payment Events	Status	Timestamps