

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: March 4, 2013

To: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

From: Brian L. Peterson, M.D., Medical Examiner

Subject: **Capital Improvement Committee Process**

Issue

Milwaukee County Ordinance 36.04 requires all Departments to submit five-year capital improvement program (Program) requests to their respective standing committees. Standing committees shall then submit Programs along with recommendations to the newly created Capital Improvements Committee (CIC).

Background

The purpose of the CIC is to develop a Program for the entire County and establish criteria on how each capital project will be evaluated. The ordinance also requires Departments to submit Programs to their respective standing committees, which will then forward their recommendations to the CIC.

Request

The Medical Examiner's Office has evaluated its anticipated maintenance and facility needs. The attached includes the Department's outstanding capital needs, listed in priority order. Capital project requests assume current operations.



Brian L. Peterson, M.D., Medical Examiner

cc: Chris Abele, County Executive
Amber Moreen, Chief of Staff, County Executive's Office
Kelly Bablitch, Chief of Staff, County Board
Mark Borkowski, Chair, Judiciary, Safety and General Services Committee
Willie Johnson, Co-Chair, Finance Personnel, and Audit Committee
David Cullen, Co-Chair, Finance, Personnel and Audit Committee
TBD, Chair, Capital Improvements Committee
TBD, CEX Appointee #1, Capital Improvements Committee
TBD, CEX Appointee #2, Capital Improvements Committee
Craig Kammholz, Fiscal & Budget Director, DAS
Brian Dranzik, Director, Department of Transportation
Vince Masterson, Strategic Asset Coordinator, DAS

Pamela Bryant, Capital Finance Manager, Comptroller's Office
Justin Rodriguez, Capital Finance Analyst, Comptroller's Office
Gregory High, Director, AE&ES-FM-DAS

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4 (ITEM *) , by recommending adoption of the following:
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6 **A RESOLUTION**
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8 WHEREAS, the 2013 Adopted Capital Improvements Budget includes the
9 creation of a Capital Improvements Committee (CIC); and
10

11 WHEREAS, ordinance 36.04 was also approved in 2013 which codified the
12 creation, composition, duties, reports and staffing of the CIC; and
13

14 WHEREAS, the purpose of the CIC is to develop a Five Year Program for the
15 entire County and establish criteria on how each capital project will be evaluated; and
16

17 WHEREAS, the ordinance also requires Departments to submit Five year
18 Programs to their respective standing committees, which will then forward their
19 recommendations to the CIC; and
20

21 WHEREAS, The Medical Examiner's Office has evaluated its anticipated
22 maintenance and facility needs, and
23

24 WHEREAS, the attached Five Year Program includes the department's
25 outstanding capital needs, listed in priority order; now, therefore,
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27 BE IT RESOLVED, the attached Five Year Program (Exhibit A) is recommended
28 to CIC.
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Department Name
2014 Medical Examiner

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description/Annual Operating Impact
1	W000X	CT Scanner	\$275,000	\$0	\$275,000	CT scanner to diagnose anomalies. Annual operating costs would be \$70,000 for service contract.
Total			\$275,000	\$0	\$275,000	

Department Name
2015 Medical Examiner

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
1		No request		\$0	\$0	
Total			\$0	\$0	\$0	

Department Name
2016 Medical Examiner

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
1		No request		\$0	\$0	
Total			\$0	\$0	\$0	

Department Name
2017 Medical Examiner

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
1		No request		\$0	\$0	
Total			\$0	\$0	\$0	

Department Name
2018 Medical Examiner

Rank	Project Number	Project Name	Total Cost	Reimbursement Revenue	County Financing	Project Description
1		No request		\$0	\$0	
Total			\$0	\$0	\$0	

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 03/04/2013

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Submission of the Milwaukee County Medical Examiner's 5 year (2014-2018) Capital Improvements Program

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" 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 |
| <input type="checkbox"/> Increase Operating Expenditures
(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 type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> 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.

	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. Milwaukee County Ordinance 36.04 requires all Departments to submit 5 Year Capital Improvements Program requests to their respective standing committee. The standing committee shall then submit the Program along with its recommendation to the Capital Improvements Committee (CIC).

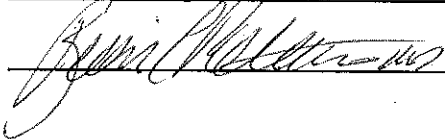
This fiscal note is for initial submission of the Milwaukee County Medical Examiner's office 5 year (2014-2018) Capital Improvements Program.

- B. There are no direct costs or savings associated with the 5 Year Capital Improvements Program at this time as this item is only proposed for initial policymaker consideration. Any formal appropriation related to this 5 Year Program would occur in the future as part of the 2014 Capital Budget process.
- C. There are no budgetary costs or savings associated with the 5 Year Capital Improvements Program at this time as this item is only proposed for initial policymaker consideration. Any formal appropriation related to this 5 Year Program would occur in the future as part of the 2014 Capital Budget process.
- D. The project included in the 5 Year Program is estimated based upon information that is currently available. The project proposed and the final projects adopted as part of the 2014 Capital Budget process may vary. Refer to Items B and C for additional assumptions regarding formal appropriation of the projects proposed.

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.

Department/Prepared By Karen Domagalski

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CBDP Review?² Yes No Not Required