

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** March 21, 2025

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** A report from the Director, Department of Health and Human Services, requesting approval of the creation of 1.0 FTE Community Engagement Coordinator in pay grade 23M

**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 |
| <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Not Absorbed Within Agency's Budget   |  |
| <input type="checkbox"/> Decrease Operating Expenditures  | <input type="checkbox"/> Use of contingent funds       |
| <input checked="" 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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	\$42,443	\$64,912
	Revenue	\$42,443	\$64,912
	Net Cost	\$0	\$0
<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 would authorize the creation of 1.0 FTE Community Engagement Coordinator in pay grade 23M.
- B. For 2025, the fiscal note assumes the position is filled by pay period 10 (ending on May 10, 2025) to reflect a cost of \$42,443 (including salary at midpoint and social security) through the end of the year. The cost of the new position is offset by 66% federal cost reimbursement revenue as well as additional State General Purpose Revenue (GPR) revenue contained in the 2025 contract with the State Department of Children and Families (DCF) resulting in a net levy impact of \$0.

CSS has contacted the State to determine if any possible change is anticipated in the 66% federal cost reimbursement. The State has advised that there are no changes in the federal budget bill. If this status should change, the State will notify CSS and convene a meeting with the child support administrator and directors.

- C. The accompanying resolution authorizes the position action as of pay period 10 ending on May 10, 2025, which is the date of filling the position and incurring costs.
- D. There are no further assumptions.

Department/Prepared By: Agnes Marcinowski, Manager Operations Child Support

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<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> Office of Economic Inclusion review is required on all professional service and public work construction contracts.

Authorized Signature

Shakita LaGrant-McClain

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Did SBP Fiscal Staff Review?

Yes

No

Did OEI Review?<sup>2</sup>

Yes

No

Not Required