## MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	E: D	ecember 5, 2019	Origin	al Fiscal Note	$\boxtimes$					
			Subst	itute Fiscal Note						
SUB	JECT:	Report from the Interim Director, Department of Health Services revenues thereunder	e of W is betv	<mark>/isconsin for Social</mark> veen Milwaukee Cou	Services and unty and the					
FISCAL EFFECT:										
$\boxtimes$	No Dire	ect County Fiscal Impact		Increase Capital Exp	enditures					
	Increas	Existing Staff Time Required		Decrease Capital Ex	penditures					
		cked, check one of two boxes below)		Increase Capital Revenues						
		Absorbed Within Agency's Budget		Decrease Capital Re	evenues					
		Not Absorbed Within Agency's Budget								
$\boxtimes$	Decrea	ase Operating Expenditures		Use of contingent fu	nds					
	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	\$14,591	
	Revenue	(\$14,591)	
	Net Cost	\$0	
Capital Improvement Budget	Expenditure		
budget	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.
- A. The Interim Director of the Department of Aging is requesting authorization to sign a 2020 Social Services and Community Programs contract with the State Department of Health Services (DHS). Approval will allow Milwaukee County to receive State revenue for County services to seniors within Milwaukee County.
- B. The state's Social Services and Community Programs contract includes various separate revenues used to fund Area Agency on Aging services. Approval to sign the 2020 contract will allow Milwaukee County to receive these and any additional modifications to grant funds.
- C. The Department's 2020 budgeted revenues very closely mirror the 2020 State County Grant Award. It is anticipated that a reduction of \$14,591 in various revenues will be absorbed within the Department's budget and this decrease will have no impact on operations.
- D. The only assumption made is receipt of residual funding for Base County Allocation and County match from July to December. This funding has been consistently available to the Department in prior years.

Department/Prepared By: A Authorized Signature	Assistant Fi Samta	scal Dir Bhat	rector/ Samt	a Bha	atnagar
Did DAS-Fiscal Staff Review		Yes			
Did CDPB Staff Review?		Yes		No	Not Required

<sup>&</sup>lt;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.