File No. 25-551

## MILWAUKEE COUNTY FISCAL NOTE FORM

DATE:		8/15/2025		al Fiscal Note	$\boxtimes$			
			Substi	tute Fiscal Note				
SUBJECT:		The Superintendent of the Community Reintegration Center (CRC) respectfully requests authorization to execute a three-year Professional Service Contract with Kennedy's Circle of Wellness, LLC.						
FISC	AL EFF	ECT:						
⊠ Expe	No Direcenditures	ct County Fiscal Impact		Increase Capital				
Expe		Existing Staff Time Required		Decrease Capital				
	Increase Operating Expenditures (If checked, check one of two boxes below)			Increase Capital Rev	enues			
		Absorbed Within Agency's Budget		Decrease Capital Re	venues			
		Not Absorbed Within Agency's Budget						
	Decreas	se Operating Expenditures		Use of contingent fur	nds			
	Increase	e Operating Revenues						
	Decreas	se 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	Expenditure	\$0	\$0
Budget	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. Under this agreement, Kennedy's Circle of Wellness, LLC the vendor will provide trauma-informed, interactive programming for both male and female residents. Through structured, curriculum-based group sessions, the program will actively build self-awareness, emotional intelligence, and pro-social behavior. It will also equip participants to manage conflict, make constructive decisions, and form healthy relationships. The contract will begin October 1, 2025, through September 30, 2028 with the option to extend two additional one-year terms, subject to mutual agreement and satisfactory performance.
  - B. The contract cost is \$35,000.00 per year, included in the adopted 2025 budget. The total cost is \$178,000.00 over five years.
  - C. Approval of this resolution has no budgetary impact for 2025.
  - D. It is assumed that the requested 2026 budget will be approved, including \$35,000.00 allocated for Kennedy's Circle of Wellness, LLC contract. It is also assumed that the number of clients will remain consistent with the previous year.

Department/Prepared By: <u>Veronica McClain, Senior Budget Analyst-CRC</u>								
Authorized Signature	Many Garage	9						
<u> </u>	Michael Bickerstaff, Public Safety Fiscal Administrator - CRC							
Did DAS-Fiscal Staff	Review?		Yes	$\boxtimes$	No			
Did CBDP Review?		Yes		No	$\boxtimes$	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.