MILWAUKEE COUNTY FISCAL NOTE FORM

| DAT | E: November 14, 2025 | Original Fiscal Note | | \boxtimes | | | | | | |
|---|--|----------------------|---------------------------|-------------|--|--|--|--|--|--|
| | | Subst | itute Fiscal Note | | | | | | | |
| SUBJECT: A report from the Executive Director, Department of Health and Human Services, requesting authorization to enter into a 2026 purchase of service contract with Milwaukee Community Crossroads (formerly Milwaukee Christian Center) for the Credible Messenger Program | | | | | | | | | | |
| FISCAL EFFECT: | | | | | | | | | | |
| | No Direct County Fiscal Impact | | Increase Capital Exp | penditures | | | | | | |
| \boxtimes | Existing Staff Time Required | | Decrease Capital Ex | penditures | | | | | | |
| | Increase Operating Expenditures (If checked, check one of two boxes below) | | Increase Capital Revenues | | | | | | | |
| | Absorbed Within Agency's Budget | | Decrease Capital Re | evenues | | | | | | |
| | Not Absorbed Within Agency's Budget | | | | | | | | | |
| | Decrease 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 | 0 | \$350,000 |
| | Revenue | 0 | \$350,000 |
| | Net Cost | 0 | 0 |
| Capital Improvement | 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. 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. The Executive Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute a 2026 Children, Youth and Family Services (CYFS) purchase of service contract with Milwaukee Community Crossroads (formerly Milwaukee Christian Center).

Approval of this request will allow DHHS to execute a purchase of service contract to continue the provision of contracted services for the Credible Messengers program.

- B. Total 2026 expenditures included in this request are \$350,000.
- C. There is no tax levy impact associated with approval of this request in 2026 as funds sufficient to cover associated expenditures are included as part of the CYFS 2026 Budget.
- D. This fiscal note assumes expenditures will not exceed the amount authorized for this purchase of service contract.

| Clare O'Brien, | DHHS Budge | et and | Policy Dire | ector |
|----------------|------------|---------------------|-------------------------|--------------|
| Shakita La | Grant-Mc | lain | | |
| | | | | |
| | Yes | \boxtimes | No | |
| | Yes | | No | Not Required |
| | | Shakita LaGrant-Mc(| Shakita LaGrant-McClain | |

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.