

## MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 3/29/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Interim Director, Department of Health and Human Services, requesting authorization to enter into 2011 contracts with the State of Wisconsin for reimbursement for county staff performing Income Maintenance and Child Care program administration under State management .

**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"/> Use of contingent funds       |
| <input type="checkbox"/> Decrease Operating Expenditures  |  |
| <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.*

	Expenditure or Revenue Category	Current Year	Subsequent Year
<b>Operating Budget</b>	Expenditure	816,396	0
	Revenue	816,396	0
	Net Cost	0	0
<b>Capital Improvement Budget</b>	Expenditure		
	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. Authorization is requested to execute the 2011 contracts for Information Technology (IT) services provided by the Department of Administrative Services - Information Management Services Division (DAS -- IMSD) with the State Department of Health Services for the Income Maintenance program and with the State Department of Children and Families for the Child Day Care program at the Coggs Center.

DAS -- IMSD is included within the overall contract (requested for execution by the Milwaukee County Department of Health and Human Services (DHHS)) with the State. However, DAS -- IMSD is preparing a separate fiscal note because budgetary authority was not included in the department's 2011 Budget for services to the State

B. The expenditure authority and offsetting revenue from the State of Wisconsin for 2011 was calculated based upon the negotiated rate for IT services in the total amount of \$68,033 per month (\$816,396 annual).

C. Approval of this action would increase IMSD budgeted expenditure authority and offsetting revenue from the State in the amount of \$816,396

D. The fiscal note assumes that negotiated rate received from the State of Wisconsin will apply retroactively to January 1, 2011 and extend through December 31, 2011 (covering an entire year of service).

This negotiated rate is a flat fee for services based upon a predetermined level of IT 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.

Department/Prepared By Laurie Panella, Interim Chief Information Officer, DAS - IMSD

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Authorized Signature



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Did DAS-Fiscal Staff Review?

Yes

No