MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	E: March 10, 2022	Original Fiscal Note
		Substitute Fiscal Note
	JECT: From the Director, Department or sement of the Collective Affordable Hole	t of Health and Human Services, requesting pusing Plan
FISC	AL EFFECT:	
\boxtimes	No Direct County Fiscal Impact	Increase Capital Expenditures
	Existing Staff Time Required	Decrease Capital Expenditures
	Increase Operating Expenditures (If checked, check one of two boxes below)	
	Absorbed Within Agency's Budget Not Absorbed Within Agency's Budget	Decrease Capital Revenues
	Decrease Operating Expenditures	Use of contingent funds
	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	
	Revenue	0	
	Net Cost	0	0
Capital Improvement	Expenditure		
Budget	Revenue		
	Net Cost		

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 Director of the Department of Health and Human Services (DHHS) is requesting endorsement of the Collective Affordable Housing Plan. The goal of the plan is to advance racial equity by providing a quality affordable home for every Milwaukeean. The Plan utilized the Government Alliance on Race & Equity (GARE) framework for developing equitable policy which included an extensive engagement and data process.

B. There are no direct costs, savings or anticipated revenue with this request.

C. There are no budgetary impacts.

D. No further assumptions are made.

Department/Prepared By:	<u>Clare O'Brien,</u>	Budget & Po	olicy Director	
Authorized Signature	Shakita La	Grant-M	Clain	
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Did DAS-Fiscal Staff Revie	w?	Yes	🖂 No	
Did CDPB Staff Review?		Yes	🗌 No	Not Required

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.