MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: May 16, 2024			Origina	al Fiscal Note	\boxtimes		
			Substi	tute Fiscal Note			
SUBJE	CT:	A report from the Executive Director Services, requesting the creation of 1. Aging and Disabilities Services (ADS)					
FISCAL	. EFFI	ECT:					
☐ No	Direc	ct County Fiscal Impact		Increase Capital Exp	enditures		
(If	crease check	existing Staff Time Required e Operating Expenditures sed, check one of two boxes below) sbsorbed Within Agency's Budget lot Absorbed Within Agency's Budget		Decrease Capital Ex Increase Capital Rev Decrease Capital Re	/enues		
☐ De	ecreas	e Operating Expenditures		Use of contingent fur	nds		
⊠ Ind	crease	e Operating Revenues					
☐ De	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 - 2024	Subsequent Year
Operating Budget	Expenditure	\$27,963	\$74,158
	Revenue	\$27,963	\$74,158
	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. 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. Requested approval and authorization for creation of one Caregiver Support Specialist (1.0 FTE) position will allow better coordination, outreach, referrals, access, and more effective use of state and federal grant funding to provide supportive services for persons with dementia and related diseases and their caregivers.
- B. Funding is being requested through the state allocation for Alzheimer's Family and Caregiver Support Program and federal Older Americans Act National Family Caregiver Support Program grant funds.
- C. The 2024 annual salary and social security for creation of one Caregiver Support Specialist position effective as of pay period 17 (August 5, 2024) is \$27,963 at midpoint in pay grade 26. The subsequent year annual salary and social security including an estimated 2% increase totals \$74,158. Active fringe benefit costs associated with this position will also be offset with grant funds.
- D. The accompanying resolution authorizes the position action upon approval by the County Board at its June 2024 meeting to ensure timely recruitment. This fiscal note calculates the total cost as of pay period 17 (August 5, 2024) which is anticipated to be a realistic timeframe for filling the position and incurring costs. It is also assumed that this position is to be absorbed within the DHHS budget and offset with continuous long standing caregiver support type grant funding.

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.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

Department/Prepared By	Carrie Koss Vallejo, Project Coordinator (Aging)					
Authorized Signature	5	hakita	LaGra	ent-M	cClain	
Did DAS-Fiscal Staff Review	·? [] Yes	\boxtimes	No		
Did CBDP Review?] Yes		No		