

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/8/2024

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Superintendent, Community Reintegration Center requesting authorization to enter into a Professional Service Contract with Employ Milwaukee, Inc. for a Reentry Case Manager to provide reentry services to residents. The Reentry Case Manager will serve as a key support system for residents transitioning from incarceration back into the community, aiming to reduce recidivism and promote positive outcomes. The Contract term will be three (3) years, with two consecutive one-year renewal options, subject to the County’s discretion beginning on January 1, 2025, to December 31, 2029.

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Existing Staff Time Required

Expenditures

Increase Operating Expenditures
(If checked, check one of two boxes below)

Absorbed Within Agency’s Budget

Not Absorbed Within Agency’s Budget

Decrease Operating Expenditures

Increase Operating Revenues

Decrease Operating Revenues

Increase Capital

Decrease Capital

Increase Capital Revenues

Decrease Capital Revenues

Use of contingent funds

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	\$112,000
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure	0	0
	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. Approval of this contract will authorize into a Professional Service Contract with Employ Milwaukee, Inc. for a Reentry Case Manager to provide reentry services to residents. The Reentry Case Manager will serve as a key support system for residents transitioning from incarceration back into the community, aiming to reduce recidivism and promote positive outcomes. The Contract term will be three (3) years, with two consecutive one-year renewal options, subject to the County's discretion beginning on January 1, 2025.

B. Approval of this request will result in expenditure funds as follows:

1. Year 1 (2025)	\$112,000
2. Year 2 (2026)	\$115,599
3. Year 3 (2027)	\$119,452
4. Year 4 (2028)	\$123,541
5. <u>Year 5 (2029)</u>	<u>\$127,726</u>
Total	\$598,317

C. No impact on current year if this request is approved. Sufficient funds are available in the 2025 requested budget.

D. No assumptions applicable.

Department/Prepared By CRC/Veronica McClain

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CBDP 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.


Certificate Of Completion

Envelope Id: CA49631ADD084ED4A267F54BC6A07B49	Status: Completed
Subject: Complete with DocuSign: 2024 Employ Milwaukee Inc Contract Fiscal Note Draft 1 (VM).docx	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Veronica McClain
Time Zone: (UTC-06:00) Central Time (US & Canada)	633 W. Wisconsin Ave.
	Suite 901
	Milwaukee, WI 53203
	Veronica.McClain@milwaukeecountywi.gov
	IP Address: 204.194.251.3

Record Tracking

Status: Original	Holder: Veronica McClain	Location: DocuSign
11/8/2024 10:13:42 AM	Veronica.McClain@milwaukeecountywi.gov	

Signer Events

Signature	Timestamp
Michael Bickerstaff Michael.Bickerstaff@milwaukeecountywi.gov Public Safety Fiscal Administrator - HOC Milwaukee County Security Level: Email, Account Authentication (None)	 Sent: 11/8/2024 10:23:59 AM Viewed: 11/8/2024 10:43:13 AM Signed: 11/8/2024 10:43:18 AM
Signature Adoption: Uploaded Signature Image Using IP Address: 204.194.251.5	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	11/8/2024 10:23:59 AM
Certified Delivered	Security Checked	11/8/2024 10:43:13 AM
Signing Complete	Security Checked	11/8/2024 10:43:18 AM
Completed	Security Checked	11/8/2024 10:43:18 AM

Payment Events

Status

Timestamps