

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 12/17/21

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Retroactive Approval to Apply for, and Accept an award under the funding opportunity entitled 2021 OJJDP FY 2021 Second Chance Act Addressing the Needs of Incarcerated Parents and Their Minor Children for Federal Fiscal Year 2021

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Increase Capital

Existing Staff Time Required

Decrease Capital

Expenditures

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

Increase Capital Revenues

Absorbed Within Agency's Budget

Decrease Capital Revenues

Not Absorbed Within Agency's Budget

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	\$192,449	\$275,390
	Revenue	\$192,449	\$275,390
	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. The House of Correction (HOC) is requesting approval to accept a grant from the Department of Justice (DOJ) to develop and deliver a family centric program (FAM) to provide a safe and supportive environment for incarcerated parents to strengthen relationships with their children. There is no local match required with this grant and thus all costs of this program will be fully funded by the grant.

B. Approval of this request will result in funds being awarded to the HOC for reimbursement of expenditures up to as follows:

Year 1(2021-2022)	\$192,449
Year 2 (2022-2023)	\$275,390
<u>Year 3 (2023-2024)</u>	<u>\$276,725</u>
Total	\$744,565

- C. It is anticipated that the County will begin spending this money by January 1, 2022.
- D. This grant does not require a local match; however, staff time is required because the HOC is the fiscal agent for the grant.

Department/Prepared By HOC/Michael Bickerstaff

Authorized Signature Chantell Jewell 12/17/2021

Did DAS-Fiscal Staff Review? Yes No
 Did CDBP 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.
² Community Business Development Partners' review is required on all professional service and public work construction contract

Certificate Of Completion

Envelope Id: 56711A2078E34432BAFA2C740071E5A2	Status: Completed
Subject: Please DocuSign: FAM GRANT Fiscal Note Draft 4.docx	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Michael Bickerstaff
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Status: Original	Holder: Michael Bickerstaff	Location: DocuSign
12/17/2021 10:47:50 AM		
	Michael.Bickerstaff@milwaukeecountywi.gov	

Signer Events

Signature	Timestamp
Chantell Jewell	Sent: 12/17/2021 10:49:18 AM
Chantell.jewell@milwaukeecountywi.gov	Resent: 12/17/2021 10:54:35 AM
Superintendent	Viewed: 12/17/2021 10:49:50 AM
Milwaukee County	Signed: 12/17/2021 10:58:33 AM
Security Level: Email, Account Authentication (None)	
Signature Adoption: Pre-selected Style	
Using IP Address: 99.126.232.140	
Signed using mobile	

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	12/17/2021 10:49:18 AM
Certified Delivered	12/17/2021 10:49:50 AM
Signing Complete	12/17/2021 10:58:33 AM
Completed	12/17/2021 10:58:33 AM

Payment Events

Status	Timestamps