## MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	<b>E:</b> December 30,	December 30, 2021			Original Fiscal Note			
			Subst	itute Fiscal No	ote 🗌			
SUE	requesting to accept	from the Director, De authorization to enter ir \$2,051,430 in Older Ar erican Rescue Plan Act	nto a contrac mericans Ac	ct with the Sta ct funds as p	ate of Wisconsin and rovided through the			
FISC	CAL EFFECT:							
	No Direct County Fig	scal Impact		Increase Capital Expenditures				
	_	Time Required		Decrease Ca	apital Expenditures			
	Increase Operating (If checked, check of		Increase Capital Revenues  Decrease Capital Revenues					
	Absorbed within Agency's Budget							
		d Within Agency's Budge	t					
	Decrease Operating	Expenditures		Use of contingent funds				
	Increase Operating	Revenues						
	Decrease Operating	Revenues						
		ange from budget for any su		t is projected to	result in			
incre	ased/decreased expend	Expenditure or Revenue Category	Current Ye	ear	Subsequent Year			
Operating Budget		Expenditure	\$2,051,430		\$0			
		Revenue	\$2,05	1,430	\$0			
		Net Cost	\$	0	\$0			
	pital Improvement	Expenditure						
Budget		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. The Director of the Department of Health and Human Services is requesting authorization to execute a contract with the State of Wisconsin to accept \$2,051,430 in Older Americans Act funds as provided through the American Rescue Plan (ARPA) legislation. The contract received from the Wisconsin Department of Health Services has a term of October 1, 2021 through September 30, 2022.
  - B. These funds will support initiatives coordinated by Aging and Disabilities Services (formerly the Division on Aging), informed by the Commission on Aging and targeted towards older adults with the greatest economic and social needs, with particular attention paid to low-income people of color. DHHS Aging Unit staff will submit a list of OAA/ARPA funding options to the Commission on Aging Advisory Council for approval at its meeting in late January. These funding recommendations will then be submitted to the County Board for its approval.
  - C. The contract with State DHS will increase expenses and revenues by \$2,051,430. An additional \$300,513 is required in local match the source of which is still being determined. This match may be met through contributions from contracted providers. If adequate match cannot be provided in this manner, and is not waived by the federal government, DHHS may request contingency funding from Milwaukee County. DHHS will submit a recommendation on satisfying the match requirement at the time a spending plan

<sup>&</sup>lt;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.

<sup>&</sup>lt;sup>2</sup> Community Business Development Partners' review is required on all professional service and public work construction contracts.

Department/Prepared By: Carrie Division	Koss V	<u>allejo, F</u>	rogran	n and P	<u>Planning</u>	g Coordinator, DHHS – Aging				
Authorized Signature Shakita LaGrant-McClain										
Did DAS-Fiscal Staff Review?		Yes		No						
Did CBDP Review? <sup>2</sup>		Yes		No	$\boxtimes$	Not Required				

and provider contract recommendations are submitted to the County Board for review and

approval.

D. No additional assumptions have been made.