MILWAUKEE COUNTY FISCAL NOTE FORM

DATE:		May 18, 2022			Oı	riginal Fiscal No	te 🖂					
					Su	ubstitute Fiscal N	Note					
requesting purpose of			questing urpose of	the Director, Departm the transfer of \$300,57 meeting match require er Americans Act funding	13 from ments re	the unallocate elated to Amer	d contingency for the					
FISCAL EFFECT:												
	☐ No Direct County Fis			scal Impact] Increase C	Increase Capital Expenditures					
\bowtie	Inc			f Time Required g Expenditures] Decrease (Capital Expenditures					
	•			ne of two boxes below)] Increase C	apital Revenues					
Absort		orbed with	nin Agency's Budget] Decrease (Decrease Capital Revenues						
	\boxtimes	Not	Absorbed	Within Agency's Budge	t							
Decrease Operating			Operating	Expenditures		Use of con	Use of contingent funds					
☐ 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	Curren	t Year	Subsequent Year					
Operating Budget			lget	Expenditure	\$	3300,513	\$0					
				Revenue	\$	300,513	\$0					
				Net Cost		\$0	\$0					
Capital Improvement Budget			/ement	Expenditure								
			•	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.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. Report from the Director, Department of Health and Human Services, requesting funding from the unallocated contingency account to amend expenditures and revenues to meet match requirements for receipt of \$2,051,430 in American Rescue Plan Act Older Americans Act grant funds for serving seniors 60 years and older. Unexpended ARPA grant funds are subject to carryover beyond the grant year ending September 2022. Inperson program service delivery continues to pivot in accordance to local, state and federal guidance surrounding the impact of COVID on the community. Receipt of additional grant funds from the State and requested required match of \$300,513 from the contingency will enable provision of services in a volatile climate of changes resulting from the impact of COVID on our community of senior citizens.
 - B. A \$300,513 match requirement includes a 10% match for ARPA grant awards including \$1,074,658 for Congregate and Home Delivered Nutrition, \$536,050 for Supportive Services and a 25% cash match requirement for awards of \$163,832 in Area Agency Administration and \$200,806 in National Family Caregiver Support Program. Total revenue increase of \$2,051,430, also includes \$76,084 in ARPA Prevention Health that has no match requirement.
 - C. This amendment has no tax levy impact.

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.

D. No assumptions have been made.

Department/Prepared By: Mary Proctor Brown, Budget Manager (Aging)												
Authorized Signature Shakita LaGrant-McClain												
Did DAS-Fiscal Staff Review?		Yes		No								
Did CBDP Review? ²		Yes		No	\boxtimes	Not Required						