# MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	E:	11/4/2022	Origina	al Fiscal Note	$\boxtimes$
			Substi	tute Fiscal Note	
SUE	BJECT:	From the Superintendent, House of Correction execute a one-year Professional Service Milwaukee, Inc. in the amount of \$80,00 services at the House of Correction for to December 31, 2023.	e Contr 0 for th	act extension with Er e provision of reentry	nploy /
FISC	AL EFF	ECT:			
□ Expe	No Direcenditures	ct County Fiscal Impact		Increase Capital	
Expe	E	Existing Staff Time Required		Decrease Capital	
		e Operating Expenditures ked, check one of two boxes below)		Increase Capital Rev	enues
		Absorbed Within Agency's Budget		Decrease Capital Re	venues
	□ N	Not Absorbed Within Agency's Budget			
	Decreas	se Operating Expenditures		Use of contingent fun	nds
	Increase	e Operating Revenues			
	Decreas	se 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	\$0	\$80,000
	Revenue	0	0
	Net Cost	\$0	0
Capital Improvement	Expenditure	0	0
Budget	Revenue	0	0
	Net Cost	0	0

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. Approval of this contract will authorize the Superintendent of the House of Correction (HOC) to enter into a one-year Professional Service contract extension with Employ Milwaukee, Inc.
  - B. Total cost for the contract is \$80,000 per year.
  - C. Approval of this resolution has no budgetary impact on 2022, sufficient funds are requested in the 2023 requested budget.
  - D. No assumptions are made.

Department/Prepared By HOC	C/Michae	el Bicke	erstaff		
Authorized Signature	4/				
Did DAS-Fiscal Staff Review?	$\boxtimes$	Yes		No	
Did CBDP Review?	Yes		No	$\bowtie$	Not Required

<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.

# **Certificate Of Completion**

Envelope Id: 436DA65C79074D9184D3E608A3860BFB Status: Completed

Subject: Complete with DocuSign: 2023 Employ Milwaukee Reentry Contract Extension Fiscal Note Draft 1.docx

Source Envelope:

Document Pages: 2 Envelope Originator: Signatures: 1 Certificate Pages: 1 Initials: 0 Michael Bickerstaff

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633 W. Wisconsin Ave.

Suite 901

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### **Signer Events**

Michael Bickerstaff

michael.bickerstaff@milwaukeecountywi.gov Public Safety Fiscal Administrator - HOC

Milwaukee County

Security Level: Email, Account Authentication

(None)

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Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Witness Events  Notary Events	Signature Signature	Timestamp
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