## MILWAUKEE COUNTY FISCAL NOTE FORM

| DAT                  | E: Ma                          | rch 9, 2023  |                                 | Original Fiscal Note                                       |                    |  |
|----------------------|--------------------------------|--|---------------------------------|--|--------------------|--|
|                      |                                |  |                                 | Substitute Fiscal Note                                     |                    |  |
| Emp<br>to re<br>an a | imburs<br>ppropr               | : A resolution authorizing and directing the Benefit Division to identify a vendor and imse County employees traveling out of state riation transfer of \$30,000 from Agency 1944 – 1950 – Employee and Retiree Fringe B | plement<br>to receiv<br>-1945 – | a contract to provide travel be abortion services and auth | enefits<br>orizing |  |
| FISC                 | CAL EI                         | FFECT:   |                                 |  |                    |  |
|                      | No Direct County Fiscal Impact |  |                                 | Increase Capital Expenditu                                 | ıres               |  |
| $\boxtimes$          |                                | Existing Staff Time Required ase Operating Expenditures  |                                 | Decrease Capital Expendit                                  |                    |  |
|                      | (If che                        | ecked, check one of two boxes below)   |                                 | Increase Capital Revenues                                  |                    |  |
|                      |                                | Absorbed Within Agency's Budget  |                                 | Decrease Capital Revenue                                   | es                 |  |
|                      |                                | Not Absorbed Within Agency's Budget  |                                 |  |                    |  |
|                      | Decre                          | ease Operating Expenditures  |                                 | Use of contingent funds                                    |                    |  |
|                      | Increa                         | ase Operating Revenues   |                                 |  |                    |  |
|                      | Decre                          | ease Operating Revenues  |                                 |  |                    |  |
| lo di                | acto be                        | alow the deller change from hudget for a   | nı oubm                         | issian that is projected to r                              | ooult i            |  |

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<br>Revenue Category | Current Year | Subsequent Year |
|---------------------|------------------------------------|--------------|-----------------|
| Operating Budget    | Expenditure                        | \$30,000     | \$0             |
|                     | Revenue                            | \$0          | \$0             |
|                     | Net Cost                           | \$30,000     | \$0             |
| Capital Improvement | Expenditure                        | \$0          | \$0             |
| Budget              | 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. <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. If approved, this resolution would authorize the Department of Human Resources Employee Benefit Division to secure a vendor to manage a program to reimburse employees for travel expenses related to traveling out-of-state to receive abortion care.
- B. This resolution directs the Department of Human Resources Employee Benefit Division to identify a vendor and implement a contract to manage a benefit program reimbursing county employees for travel expenses related to traveling out-of-state to receive abortion care. If approved, this new benefit would be paid for utilizing funds from the Appropriation for Contingencies budget. A budget allocation would need to be made in the future for the benefit to continue once this one-time allotment has been expended.
- C. This resolution authorizes an administrative transfer of \$30,000 from Agency 194-1945 Appropriation for Contingencies to Agency 194 1950 Employee and Retiree Fringe Benefits to secure a vendor to manage a new benefit that will reimburse employees for expenses related to travel out-of-state to obtain abortion services. To the extent that funds from the Appropriation for Contingencies are expended, it either reduces the County's year-end surplus or increases its deficit.
- D. It is unknown how many employees would seek reimbursement through this program, but assuming maximum reimbursement (\$1,849), the \$30,000 allocation would be enough to reimburse approximately 16 employees.

<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: Ciara L. Miller |     |      |                    |  |  |  |  |  |  |
|---|-----|------|--------------------|--|--|--|--|--|--|
| Authorized Signature Ciara L. Willer    |     |      |                    |  |  |  |  |  |  |
| Did DAS-Fiscal Staff Review?            | Yes | ⊠ No |                    |  |  |  |  |  |  |
| Did CBDP Review? <sup>2</sup>           | Yes | ☐ No | Not Required     ■ |  |  |  |  |  |  |