## **MILWAUKEE COUNTY FISCAL NOTE FORM**

DAT	E: 1	May 19, 2023	Origin	al Fiscal Note	
			Substi	tute Fiscal Note	· 🗆
SUB	JECT:	A report from the Director, Derequesting the creation of 1.0 F			
FISC	CAL EF	FFECT:			
	No Di	rect County Fiscal Impact		Increase Capit	al Expenditures
		Existing Staff Time Required		Decrease Cap	ital Expenditures
		ase Operating Expenditures ecked, check one of two boxes below)		Increase Capit	al Revenues
		Absorbed Within Agency's Budget		Decrease Cap	ital Revenues
		Not Absorbed Within Agency's Budge	et		
	Decre	ase Operating Expenditures		Use of conting	ent funds
$\boxtimes$	Increa	se Operating Revenues			
	Decre	ase Operating Revenues			
Indic	ate be	low the dollar change from budget f	or any submi	ssion that is pr	rojected to result in

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 - 2023	Subsequent Year
Operating Budget	Expenditure	\$31,502	\$67,533
	Revenue	\$31,502	\$67,533
	Net Cost	\$0	\$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. Requested approval and authorization for creation of one Caregiver Support Specialist (1.0 FTE) position will allow better coordination, outreach, referrals, access and more effective use of State and Federal grant funding to provide supportive services for persons with dementia and related diseases and their caregivers.
- B. Funding is being requested through the state allocation for Alzheimer's Family and Caregiver Support Program and federal Older Americans Act National Family Caregiver Support Program grant funds.
- C. The 2023 annual cost for creation of one Caregiver Support Specialist position effective June 26, 2023 is \$31,502, including salary and social security at the minimum pay range within a requested pay grade of 26. The subsequent year annual salary and social security cost, including an estimated 3% increase totals \$67,533. Active fringe benefit costs associated with this position will also be offset with grant funds.
- D. It is assumed that this position is to be absorbed within the DHHS budget and offset with continuous long standing caregiver support type grant funding.

Department/Frepared by <u>Mary Froctor Brown, Budget Manager (Aging)</u>	Department/Prepared By	Mary Proctor Brown, Budget Manager (Aging)
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**Authorized Signature** 

Shakita LaGrant-McClain

<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.

Did DAS-Fiscal Staff Review?	Yes	No	
Did CBDP Review?	Yes	No	