## MILWAUKEE COUNTY FISCAL NOTE FORM

| DATE:  | January 23, 2024                       | Original Fiscal Note          | $\square$   |  |
|--------|--|-------------------------------|-------------|--|
|        |  | Substitute Fiscal Note        |             |  |
| SUBJEC | T: A resolution/ordinance amending Cha | anter 46 of the Milwaukee Cou | ntv Code of |  |

**SUBJECT:** A resolution/ordinance amending Chapter 46 of the Milwaukee County Code of General Ordinances to create Sections 46.12 to 46.18 – County and Cities Housing Committee, comprised of members of the community, policymakers, and staff to discuss housing-related issues across Milwaukee County and its municipalities and provide recommendations for improvement

## FISCAL EFFECT:

| $\square$ | No Direct County Fiscal Impact  |  | Increase Capital Expenditures |
|-----------|---|--|-------------------------------|
|           | Existing Staff Time Required  |  |                               |
|           | Increase Operating Expanditures   |  | Decrease Capital Expenditures |
|           | Increase Operating Expenditures<br>(If checked, check one of two boxes below) |  | Increase Capital Revenues     |
|           | Absorbed Within Agency's Budget   |  | Decrease Capital Revenues     |
|           | Not Absorbed Within Agency's Budget   |  |                               |
|           | Decrease Operating Expenditures   |  | Use of contingent funds       |
|           | Increase Operating Revenues   |  |                               |
|           | 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<br>Revenue Category | Current Year | Subsequent Year |
|---------------------|------------------------------------|--------------|-----------------|
| Operating Budget    | Expenditure                        | \$0          | \$0             |
|                     | Revenue                            | \$0          | \$0             |
|                     | 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. Approval of this resolution/ordinance will support and endorse the creation of a County and Cities Housing Committee to facilitate greater community dialogue and input to policymakers and staff on housing issues. It also amends Chapter 46 of the Milwaukee County Code of General Ordinances to create Sections 46.12 to 46.18 - County and Cities Housing Committee.
- B. Passage of this resolution/ordinance will not require an additional appropriation of funds but will likely require significant staff time to organize, staff, and participate in the meetings. This resolution requests the Office of the County Clerk provide a Committee Coordinator to assist with the legislative service duties of the committee. It is expected the City of Milwaukee will also dedicate support staff to assist with required City legislative service duties.
- C. There is no budgetary impact from the creation of the County and Cities Housing Committee in this or subsequent years.
- D. This fiscal note assumes no additional staff will be required to serve the committee or backfill duties of any staff serving the committee.

<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                                       | <u>Steve</u> | Cady, | <u>Research an</u> | d Pol | icy Dire | ctor, Office of the Comptroller |
|--|--------------|-------|--------------------|-------|----------|---------------------------------|
| Authorized Signature   | <u>Ste</u>   | phe   | en J. C            | ad    | ly       |                                 |
| Did DAS-Fiscal Staff Review<br>Did CBDP Review? <sup>2</sup> | v?           |       | Yes<br>Yes         |       | No<br>No | Not Required                    |