

**MILWAUKEE COUNTY FISCAL NOTE FORM****DATE:** 3/7/2024Original Fiscal Note Substitute Fiscal Note 

**SUBJECT:** From the Superintendent, Community Reintegration Center, requesting authorization to execute a one-year Professional Service Contract extension with NCCHC Resources, Inc., beginning on April 1, 2024, through March 31, 2025, with possible two one-year extensions.

**FISCAL EFFECT:** No Direct County Fiscal Impact Expenditures Increase Capital Existing Staff Time Required Decrease Capital

Expenditures

 Increase Operating Expenditures  
(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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	(\$47,196)	(\$40,781)
	Revenue	0	0
	Net Cost	(\$47,196)	(\$40,781)
<b>Capital Improvement Budget</b>	Expenditure	0	0
	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 contract will authorize the Superintendent, Community Reintegration Center, requesting authorization to execute a one-year Professional Service Contract extension with NCCHC Resources, Inc., beginning on April 1, 2024, through March 31, 2025, with possible two one-year extensions.
- B. Total cost for the contract is \$329,206 for year 1, \$338,828 for year 2, \$349,299 for year 3. Grand Total for the three years is \$1,017,333.
- C. Approval of this resolution has no budgetary impact on 2024, sufficient funds are available in the 2024 adopted budget.
- D. No assumptions are made.

Department/Prepared By      CRC/Michael Bickerstaff

Authorized Signature Chantell Jewell, Superintendent CRC

Did DAS-Fiscal Staff Review?        Yes        No

Did CBDP Review?        Yes        No        Not Required

<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: 85FD63FF1907498298FD84C29C13CAB9	Status: Completed
Subject: Complete with DocuSign: 2024 NCCHC Medical Contract Monitoring Contract Extension FISCAL NOTE D...	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Michael Bickerstaff
Time Zone: (UTC-06:00) Central Time (US & Canada)	633 W. Wisconsin Ave.
	Suite 901
	Milwaukee, WI 53203
	Michael.Bickerstaff@milwaukeecountywi.gov
	IP Address: 204.194.251.3

**Record Tracking**

Status: Original	Holder: Michael Bickerstaff	Location: DocuSign
3/7/2024 12:00:09 PM		
	Michael.Bickerstaff@milwaukeecountywi.gov	

**Signer Events**

Signature	Timestamp
Chantell Jewell, Superintendent CRC Chantell.jewell@milwaukeecountywi.gov Superintendent Milwaukee County	Sent: 3/7/2024 12:01:15 PM Resent: 3/7/2024 12:15:25 PM Viewed: 3/7/2024 2:55:19 PM Signed: 3/7/2024 2:55:24 PM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.5

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

**In Person Signer Events**

Signature	Timestamp
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**Editor Delivery Events**

Status	Timestamp
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**Agent Delivery Events**

Status	Timestamp
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**Intermediary Delivery Events**

Status	Timestamp
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**Certified Delivery Events**

Status	Timestamp
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**Carbon Copy Events**

Status	Timestamp
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**Witness Events**

Signature	Timestamp
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**Notary Events**

Signature	Timestamp
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**Envelope Summary Events**

Status	Timestamps
Envelope Sent	Hashed/Encrypted 3/7/2024 12:01:15 PM
Certified Delivered	Security Checked 3/7/2024 2:55:19 PM
Signing Complete	Security Checked 3/7/2024 2:55:24 PM
Completed	Security Checked 3/7/2024 2:55:24 PM

**Payment Events**

Status	Timestamps
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