MILWAUKEE COUNTY FISCAL NOTE FORM

Operating Budget		Expenditure	25,000		
		Expenditure or Revenue Category	Current Year		Subsequent Year
		r change from budget fo enditures or revenues in	•		s projected to result in
	Decrease Operating	Revenues			
	Increase Operating	Revenues			
	Decrease Operating	Expenditures		Use of contingent funds	
	Not Absorbed With	nin Agency's Budget			
	Absorbed Within	Agency's Budget		Decrease	Capital Revenues
	Increase Operating (If checked, check of	Expenditures one of two boxes below)		Increase Capital Revenues	
	Existing Staff Time	·		Decrease (Capital Expenditures
	No Direct County Fig	·		Increase C	apital Expenditures
FIS	CAL EFFECT:				
requ Com	uesting authorization to	o increase the 2011 Purchanthe In the amount of \$25,000 f	ase of Service	e contract wi	th Running Rebels
SUF	BJECT: Report from	n the Interim Director, Dep			
			Subst	itute Fiscal I	Note
DATE : <u>6/27/2011</u>			Origin	te 🖂	

0

25,000

Revenue

Net Cost

Expenditure Revenue Net Cost

Capital Improvement Budget

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. ¹ 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) Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. No contract or contract adjustment shall take effect until approved by resolution of the County Board. Per Section 46.09, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the 2011 purchase-of-service (POS) contract with Running Rebels Community Organization to serve additional youth in the Targeted Monitoring Program.
- B) The total recommended increase to the Running Rebels Community Organization purchase of service contract is \$25,000 for 2011, from \$1,250,944 to \$1,275,944. The increase in expenditures for the contract will be completely offset by encumbered purchase of services funds contained within the DCSD budget.
- C) No increase in tax levy results from these changes.
- D. No assumptions/interpretations.

¹ 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.

Department/Prepared By	Maggi	e Mesa	aros, Fi	iscal an	d Management Analyst, DHHS
Authorized Signature	: Seri	d.	CX4	day	
Did DAS-Fiscal Staff Revie	w?		Yes		No