MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	E: 8/9/11		Original Fiscal Note		te 🖂			
			Subst	itute Fiscal N	Note			
SUBJECT: Request to exectue a contract with Health Care Partners to provide one or more providers including a House Physician, Psychiatrist, Physician Assistant or Nurse Practitioner for the County Correctional Facilities								
FISCAL EFFECT:								
\boxtimes	No Direct County Fiscal Impact ■			Increase Capital Expenditures				
	Existing Staff Time Required			Decrease Capital Expenditures				
	Increase Operating Expenditures (If checked, check one of two boxes below) Absorbed Within Agency's Budget			Increase Capital Revenues				
				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 Revenue Category	Curre	nt Year	Subsequent Y	ear		
Operating Budget		Expenditure		0				
		Revenue						
		Net Cost						
Capital Improvement Budget		Expenditure						
		Revenue						
		Net Cost						

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.

From the Sheriff, a request to Execute a Contract with Health Care Partners to provide one or more providers including a House Physician, Psychiatrist, Physician Assistant or Nurse Practitioner for the County Correctional Facilities.

The estimated annualized cost of the contract is \$249,600 and will be paid for by existing resources within the Office of the Sheriff 2011 Adopted Budget. Funding was budgeted for a full time staff member for 2011 with estimated annual costs of \$271,032 including benefits. Estimated 2011 costs are \$100,800.

Department/Prepared By	Molly Pahl, Fiscal Operations Manager	
Authorized Signature	Jon c Prule	
Did DAS-Fiscal Staff Review	?	

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.