MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/15/2012			Original Fiscal Note			
			Subst	itute Fiscal I	Note	
Auth Beh	norization to enter into avioral Health Divisio	virector, Department of He o a Purchase of Service C n				
FISCAL EFFECT:						
	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)			Increase Capital Revenues		
	Absorbed Wi	thin Agency's Budget		Decrease (Capital Revenues	
	☐ Not Absorbe	d Within Agency's Budget	t			
	Decrease Operating Expenditures			Use of contingent funds		
	Increase Operating	Revenues				
☐ Decrease Operating Revenues						
		r change from budget for enditures or revenues in t	•		s projected to result in	
		Expenditure or Revenue Category	Currer	nt Year	Subsequent Year	
Operating Budget		Expenditure	15,750			
		Revenue				

Net Cost

Expenditure Revenue Net Cost

Capital Improvement Budget 15,750

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) Milwaukee County Ordinances 46.09 requires County Board approval of Purchase of Service contract increases, amendments or extensions. The Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to enter into a purchase of service contract with Neptune Sandwiches for the procurement of sandwiches for BHD and Deliquency and Court Services Division.
- B) The total recommended 2012 purchase of service contract with Neptune Sandwiches is \$15,750. The cost of the contract will be absorbed in the agency's 2012 Budget.
- C) No increase in tax levy results from this change.
- 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	Maggie Mesaros, Fiscal and Management Analyst, BHD			
Authorized Signature — With Clar				
Did DAS-Fiscal Staff Revie	ew?			