## MILWAUKEE COUNTY FISCAL NOTE FORM

<b>DATE:</b> 1/8/13		·	Original Fiscal Note		ote	$\boxtimes$	
			Sub	stitute Fiscal	Note		
	' <del>'</del>	f of Milwaukee County red or dental services at two 0				xtension to	
FIS	CAL EFFECT:						
$\boxtimes$	No Direct County Fiscal Impact ■			Increase	Increase Capital Expenditures		
	Existing Staf						
	Increase Operating		Decrease Capital Expenditures				
h	(If checked, check of		Increase Capital Revenues				
	☐ Absorbed W		Decrease Capital Revenues				
	☐ Not Absorbe	d Within Agency's Budget	t				
Decrease Operating Expenditures				Use of contingent funds			
	Increase Operating	Revenues					
	Decrease Operating	Revenues					
Indic incre	cate below the dollar eased/decreased exp	r change from budget for enditures or revenues in t	r any subn the current	nission that year.	is project	ed to result in	
		Expenditure or Revenue Category	Curre	nt Year	Subse	equent Year	
Operating Budget		Expenditure		0			
		Revenue		0			
		Net Cost		0			
	oital Improvement	Expenditure					
Budget		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. <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.

The Sheriff of Milwaukee County is requesting the authority to grant an extension to an existing contract with Mobile Medical Staffing for the provision of dental services at the County Correctional Facilities for the period of January 1, 2013 to December 31, 2013. The 2013 Adopted Budget for the Office of the Sheriff includes funding of \$330,000 for dental services which will be sufficient for the contract costs for 2013.

Department/Prepared By	William R.	Lethlean, <i>i</i>	Accounting Manager		_
Authorized Signature	Willia	m R. G	Settlean	-	_
Did DAS-Fiscal Staff Revie	w? 🗌	Yes	⊠ No	2	

<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.