MILWAUKEE COUNTY FISCAL NOTE FORM

DATE:		3/25/13		Original Fiscal Note				
				Subst	itute Fiscal I	Note		
SUBJ	ECT:	approval of a	the Director, Departmental contemporary intergovernmental contemporary expansion of the Mobil	ntract with	the Milwauk			
FISC	CAL E	FFECT:						
\boxtimes	No Direct County		scal Impact		Increase Capital Expenditures			
	Inore	Existing Staff		Decrease Capital Expenditures				
		ease Operating necked, check o	ne of two boxes below)		Increase C	Capital Revenues		
		Absorbed Wi	thin Agency's Budget		Decrease	Capital Revenues		
		Not Absorbed	d Within Agency's Budget	t				
	Decrease Operating Expenditures				Use of contingent funds			
☐ Increase Operating Revenues								
Decrease Operating Revenues								
			change from budget for enditures or revenues in	•		's projected to result in		
			Expenditure or Revenue Category	Current Year		Subsequent Year		
Operating Bu		ng Budget	Expenditure			0		
			Revenue			0		
			Net Cost		0	0		
Capital I Budget		mprovement	Expenditure					
			Revenue					

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.
- A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to establish an intergovernmental contract with the City of Milwaukee Police Department for the expansion of the Crisis Mobile Team.
- B. BHD would purchase the services of two police officers at a cost of up \$125,000 or \$187,500 annually from May 1 to December 31. The first officer is expected to start in May and the second officer could start shortly thereafter depending upon the program need. The cost reflects full-time salary, fringe, overtime and social security of the two officers. DHHS would only reimburse the City its actual costs.
- C. There is no tax levy impact associated with the approval of this request in 2013. Funds are available as part of the \$3 million in Mental Health Community Investment funds budgeted in the 2013 Budget.
- D. No assumptions are made.

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 Clare O'Brien, Fiscal & Management Analyst							
Authorized Signature	<	Like	Color				
		V 4					
Did DAS-Fiscal Staff Review?		Yes	⊠ No				
Did CDPB Staff Review?		Yes	☐ No	Not Required			