MILWAUKEE COUNTY FISCAL NOTE FORM

DATE	September 17, 2013	Original Fiscal Note		
		Subst	itute Fiscal Note	
SUBJ Appr	ECT: From the Director, Department of Health oval to Allocate the Anticipated 2014 Community I			
FISCA	AL EFFECT:			
	No Direct County Fiscal Impact		Increase Capital Expenditures	
	Existing Staff Time Required		Decrease Capital Expe	enditures
	Increase Operating Expenditures (If checked, check one of two boxes below)		Increase Capital Reve	nues
	Absorbed Within Agency's Budget Not Absorbed Within Agency's Budget		Decrease Capital Reve	enues
	Decrease Operating Expenditures		Use of contingent fun	ds
	Increase Operating Revenues			
	Decrease Operating Revenues			
	ate below the dollar change from budget for a ased/decreased expenditures or revenues in the cu	•	• •	d to result in

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital 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. 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 allocate \$1,112,938 in anticipated 2014 Community Development Block Grant (CDBG) funding.

- B. This funding amount is identical to the amount included in the 2014 Milwaukee County DHHS Housing Requested Budget.
- C. While recognizing that future Federal allocations of grant awards are always uncertain, it is anticipated that the Federal Department of Housing and Urban Development (HUD) will provide approximately \$1,112,938 in grant revenue in 2014. In no case will program expenditures exceed available revenue. As a result, there is no tax levy impact associated with approval of this request.
- D. No further assumptions are made.

Department/Prepared By	Thomas F. Lewandowski, Fiscal & Management Analyst
Authorized Signature	Hich Clai

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.

Did DAS-Fiscal Staff Review?	Yes		No	
Did CDPB Staff Review?	Yes	[☐ No	