MILWAUKEE COUNTY FISCAL NOTE FORM

| DATE: 11/23/15 | Original Fiscal Note | | | | | | | | | |
|---|---|-------|-------------------------------|------------------------|--|--|--|--|--|--|
| | | Subst | ote | | | | | | | |
| SUBJECT: Report from the Director, Department of Health and Human Services, requesting authorization to accept 2016 grant revenue in the amount of \$100,000 and enter into a grant agreement with Bader Philanthropies, Inc. to support Milwaukee County's Plan to End Chronic Homelessness – PASSIVE REVIEW | | | | | | | | | | |
| 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 Wife | Absorbed Within Agency's Budget | | Decrease Capital Revenues | | | | | | | |
| □ Not Absorbed Within Agency's Budget | | | | | | | | | | |
| Decrease Operating Expenditures | | | Use of contingent funds | | | | | | | |
| ☐ Increase Operating I | Revenues | | | | | | | | | |
| ☐ Decrease Operating Revenues | | | | | | | | | | |
| | change from budget for enditures or revenues in th | | | projected to result in | | | | | | |
| | Expenditure or Revenue Category | Curre | nt Year | Subsequent Year | | | | | | |
| Operating Budget | Expenditure | | | | | | | | | |
| | 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.
- A. The Director, Department of Health and Human Services is requesting authorization through passive review to accept 2016 grant revenue for the Housing Division in the amount of \$100,000 and to enter into a grant agreement with Bader Philanthropies, Inc. to support Milwaukee County's Plan to End Chronic Homelessness.
- B. Approval of this request will ensure that the Housing Division has sufficient funding to support the initiatives incorporated into Milwaukee County's Plan to End Chronic Homelessness, including case management services, provision of basic human necessities and an employment pilot.
- C. There is no tax levy impact associated with approval of this request.
- D. No further assumptions are made.

| Department/Prepared By | Thomas F. L | _ewandowsl | ki, Fisca | al and | Management Analyst - DHH | S |
|-----------------------------|-------------|------------|-----------|--------|--------------------------|---|
| Authorized Signature | Hill | Cloi | | | | - |
| Did DAS-Fiscal Staff Review | /? | Yes | | No | | |
| Did CDPB Staff Review? | | Yes | | No | | |

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.