

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 11/26/12

Original Fiscal Note ☒

Substitute Fiscal Note ☐

**SUBJECT:** Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter into a HOME Written Agreement for \$801,000 with Movin' Out Inc., a Community Housing Development Organization (CHDO), for the construction of 11 HOME units of supported housing at 11<sup>th</sup> & Madison in South Milwaukee

### FISCAL EFFECT:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact                                     | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required  | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input type="checkbox"/> Absorbed Within Agency's Budget   | <input type="checkbox"/> Decrease Capital Revenues     |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget   |  |
| <input type="checkbox"/> Decrease Operating Expenditures   | <input type="checkbox"/> Use of contingent funds       |
| <input type="checkbox"/> Increase Operating Revenues   |  |
| <input type="checkbox"/> Decrease Operating Revenues   |  |

*Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.*

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
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.<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.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a HOME Written Agreement for \$801,000 with Movin' Out, Inc. to assist in the construction of 11 units of affordable housing at 11th & Madison in South Milwaukee as part of a 40 as part of a 40-unit development.


B. Total 2012 expenditures included in this request are \$801,000. The HOME funds are provided to Movin' Out Inc. (or their designated corporate entity) as a secured 0%, deferred payment loan, payable in full in 20 years.

C. There is no tax levy impact associated with approval of this request in 2012. Funds sufficient to cover the expenditures associated with this initiative are available from the HOME surplus balance, which is comprised of funding going back a number of years.

D. No assumptions are made.

Department/Prepared By Alexandra Kotze, Fiscal and Policy Administrator, DHHS

Authorized Signature



Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

<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.