MILWAUKEE COUNTY FISCAL NOTE FORM

DATE:	1/17/2019	Original Fiscal Note	\boxtimes			
		Substitute Fiscal Note				
SUBJECT: Incentive Program for Hard-to-Fill Positions						
FISCAL E	FFECT:					
☐ No Direct County Fiscal Impact		☐ Increase Capital Expenditures				
	Existing Staff Time Required					
		☐ Decrease Capital Exper	nditures			
	se Operating Expenditures					
(If checked, check one of two boxes below)		☐ Increase Capital Revenues				
\boxtimes	Absorbed Within Agency's Budget	☐ Decrease Capital Reven	iues			
	Not Absorbed Within Agency's Budget					
☐ Decrea	ase Operating Expenditures	☐ Use of Contingent Funds	S			
⊠ Increas	se Operating Revenues					
☐ Decrease Operating Revenues						
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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	Amount	103,000
	Revenue	Amount	82,400
	Net Cost		20,600
Capital Improvement	Expenditure	Amount	Amount
Budget	Revenue	Amount	Amount
	Net Cost	Amount	Amount

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.

The Department of Transportation and the Department of Human Resources is requesting the re-implementation of incentive payments for certain difficult-to-fill classified positions in DOT-Highway Maintenance. These incentives have been active in prior years from this department, and have led to success in filling critical positions.

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.

The requested changes will be absorbed in the department's operating budget.

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.

The fiscal impacts of this resolution will be absorbed by the agency's budget. The total operating expense is \$103,000, 80% of which is offset by state revenues.

- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
 - A. The analysis for this fiscal note assumes that all budgeted HWM positions would be filled and eligible for these incentives

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.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

Department/Prepared by: DOT	/ Julie Esch	
Authorized Signature	Down Brown	- Marstin
Did DAS-Fiscal Staff Review?	⊠ Yes □] No
Did CBDP Review? ²	☐ Yes ☐ No	Not Required