

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** April 13, 2020

Original Fiscal Note ☒

Substitute Fiscal Note ☐

**SUBJECT:** A resolution by the Committee of the Whole relating to an informational report update regarding layoffs, furloughs, work share, and hazard pay.

### FISCAL EFFECT:

- |                                                                                                                   |                                                        |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input 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 checked="" 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 checked="" type="checkbox"/> Not Absorbed Within Agency's Budget                                           |                                                        |
| <input type="checkbox"/> Decrease Operating Expenditures                                                          | <input type="checkbox"/> Use of contingent funds       |
| <input checked="" 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	\$170,636 per week	TBD
	Revenue	\$170,636 per week	\$0
	Net Cost	\$0	\$0
Capital Improvement Budget	Expenditure	\$0	\$0
	Revenue	\$0	\$0
	Net Cost	\$0	\$0

## 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. If adopted, this resolution would approve a Pandemic Pay Compensation Plan for those employees with an increased risk of exposure to COVID-19.
- B. The Office of the Comptroller estimates that the cost of implementing the plan for 1,191 individuals per week is \$170,636, including the FICA payroll tax. The federal CARES Act permits this expense to be covered by the Cares Act direct grant provided to the County resulting in a net cost to the County of \$0. It has not yet been determined how long the payments will be made.
- C. There are no budgetary impacts in current or subsequent years. Funds spent on the Pandemic Pay Compensation Plan are anticipated to be reimbursed through the CARES Act. Federal funding to continue the pay past 2020 has not been authorized as of the date of this fiscal note.
- D. No assumptions were made.

Department/Prepared By Emily Petersen, Research & Policy Analyst, Office of the Comptroller

Authorized Signature Emily Petersen

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CBDP Review?<sup>2</sup> ☐ Yes ☐ No ☒ Not Required

<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.

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