MILWAUKEE COUNTY FISCAL NOTE FORM

DATE:	June 25, 2021	Original Fiscal Note	\boxtimes
		Substitute Fiscal Note	
become t Affairs (O outcomes	T: A resolution to set a short-term goal for the healthiest County in Wisconsin and required DAAA) and the Department of Health and Huis for the County, including quality of life and are, social and economic factors, and physical	uesting the Office of African A man Services (DHHS) track h health factors including healt	American nealth
FISCAL I	EFFECT:		

\square	No Direct County Fiscal Impact		Increase Capital Expenditures
	Existing Staff Time Required	_	
	Increase Operating Expenditures		Decrease Capital Expenditures
	(If checked, check one of two boxes below)		Increase Capital Revenues
	Absorbed Within Agency's Budget		Decrease Capital Revenues
	Not Absorbed Within Agency's Budget		
	Decrease Operating Expenditures		Use of contingent funds
	Increase Operating Revenues		

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	Expenditure	\$0	\$0
Budget	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.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. Approval of this resolution affirms Milwaukee County's aspiration to become the healthiest County in Wisconsin. This resolution also, outlines specific health outcomes and health factors identified in the County Health Rankings and Roadmap report. The Office of African American Affairs and the Department of Health and Human Services will track and report to the Milwaukee County Board of Supervisors on the County's progress quarterly beginning in October 2021.
- B. Approval of this resolution has no direct county fiscal impact and does not require the expenditure of any funds.
- C. Approval of this resolution has no budgetary impact, but does require the use of existing staff time to identify and track the health outcomes and health factors outlined in the resolution
- D. No assumptions or interpretations were made.

Boparanonar reparea By	Department/Prepared By	Lottie B. Maxwell-Mitchell, Research Analy	yst, Office of the Comptrolle
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Authorized Signature <u>Lottie B. Maxwell-Mitchell</u>					
Did DAS-Fiscal Staff Review?		Yes	\boxtimes	No	
Did CBDP Review? ²		Yes		No	Not Required

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.