



# City of Milwaukee Fiscal Impact Statement

A	Date	9/12/2024	File Number	240746	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	Communication from the Fire and Police Commission amending the Positions Ordinance to authorize private automobile allowance for the position of Emergency Management Director.				

B	Submitted By (Name/Title/Dept./Ext.)	Nicole Fleck/Deputy Director/FPC/x5064
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C	This File	<input type="checkbox"/> Increases or decreases previously authorized expenditures.
		<input type="checkbox"/> Suspends expenditure authority.
		<input type="checkbox"/> Increases or decreases city services.
		<input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.
		<input type="checkbox"/> Increases or decreases revenue.
		<input checked="" type="checkbox"/> Requests an amendment to the salary or positions ordinance.
		<input type="checkbox"/> Authorizes borrowing and related debt service.
		<input type="checkbox"/> Authorizes contingent borrowing (authority only).
		<input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.

D	Charge To	<input checked="" type="checkbox"/> Department Account	<input type="checkbox"/> Contingent Fund
		<input type="checkbox"/> Capital Projects Fund	<input type="checkbox"/> Special Purpose Accounts
		<input type="checkbox"/> Debt Service	<input type="checkbox"/> Grant & Aid Accounts
		<input type="checkbox"/> Other (Specify)	

E	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages		\$0.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other	Mileage Reimbursement	\$335.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$ 335.00	\$ 0.00

**F**

Assumptions used in arriving at fiscal estimate. Approx. 500 miles per year at \$.67 per mile

**G**

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

☐ 1-3 Years      ☐ 3-5 Years

☐ 1-3 Years      ☐ 3-5 Years

☐ 1-3 Years      ☐ 3-5 Years

**H**

List any costs not included in Sections D and E above. \_\_\_\_\_

**I**

Additional information. \_\_\_\_\_

**J**

This Note      ☐ Was requested by committee chair.