



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>2/22/2021</u> <b>File Number</b> <u>200184</u> <input checked="" type="checkbox"/> <b>Original</b> <input checked="" type="checkbox"/> <b>Substitute</b>
	<b>Subject</b> <u>A substitute ordinance relating to employee wages, benefits, and regulations.</u>

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Nicole Fleck, Labor Negotiator, DER, x3371</u>
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<b>C</b>	<b>This File</b> <input checked="" type="checkbox"/> <b>Increases or decreases previously authorized expenditures.</b>
	<input type="checkbox"/> <b>Suspends expenditure authority.</b>
	<input type="checkbox"/> <b>Increases or decreases city services.</b>
	<input type="checkbox"/> <b>Authorizes a department to administer a program affecting the city's fiscal liability.</b>
	<input type="checkbox"/> <b>Increases or decreases revenue.</b>
	<input type="checkbox"/> <b>Requests an amendment to the salary or positions ordinance.</b>
	<input type="checkbox"/> <b>Authorizes borrowing and related debt service.</b>
	<input type="checkbox"/> <b>Authorizes contingent borrowing (authority only).</b>
	<input type="checkbox"/> <b>Authorizes the expenditure of funds not authorized in adopted City Budget.</b>

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

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	Increase SLCIP from 8 hours to 16	\$16,500.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$16,500.00</b>	<b>\$ 0.00</b>

**F**

**Assumptions used in arriving at fiscal estimate.**

This cost estimate is based on an average of actual SLCIP earned during 2019 and 2020.

**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.**

There may be an additional fiscal impact if the department will have to back fill for the individual who is using a SLCIP day.

**J**

This Note       Was requested by committee chair.