

City of Milwaukee Fiscal Impact Statement

	Date	9/16/2014	File Number	140693		Original	Substitute
Α	Subject	Resolution authorizing a two y	ar contract for prescription benefit manager with option to extend for one year				
В	Submitted By (Name/Title/Dept./Ext.)		Michael Brady, Employee Benefits Director, DER, 2317				
	This File			therined evacualit			
	IIIIS FIIE	☐ Increases or decreas		monzea expendit	ures.		
		Suspends expenditure authority.					
		☐ Increases or decreases city services.					
		Authorizes a department to administer a program affecting the city's fiscal liability.					
С		☐ Increases or decreases revenue.					
		Requests an amendment to the salary or positions ordinance.					
		Authorizes borrowing and related debt service.					
		Authorizes contingent borrowing (authority only).					
		Authorizes the expenditure of funds not authorized in adopted City Budget.					
	Charge To	☐ Department Account			Contingent Fu	ınd	
D		☐ Capital Projects Fund	ł		Special Purpo	se Accoun	ts
		☐ Debt Service			Grant & Aid A	ccounts	
		Other (Specify)					

	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
E	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$200,000	\$0.00
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$200,000.00	\$ 0.00

F	Assumptions used in arriving at fiscal estimate.	Contract was reviewed by City Attorney with final costs included as part of speical purpose account for administration in 2015				
G	For expenditures and revenues which will occur below and then list each item and dollar amount 1-3 Years 3-5 Years 1-3 Years 3-5 Years 1-3 Years 3-5 Years	on an annual basis over several years check the appropriate box separately.				
H List any costs not included in Sections D and E above.						
ı	Additional information.					
J	This Note					