



# City of Milwaukee Fiscal Impact Statement

**A** Date 9/14/2017 File Number 170342  Original  Substitute  
 Subject Resolution authorizing DER to execute 2018 Dental Provider Contracts

**B** Submitted By (Name/Title/Dept./Ext.) Renee Joos/Employee Benefits Director/DER

**C** This File

- Increases or decreases previously authorized expenditures.
- Suspends expenditure authority.
- Increases or decreases city services.
- Authorizes a department to administer a program affecting the city's fiscal liability.
- 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.

**D** Charge To

- Department Account
- Capital Projects Fund
- Debt Service
- Other (Specify) \_\_\_\_\_
- Contingent Fund
- Special Purpose Accounts
- Grant & Aid Accounts

|          | Purpose            | Specify Type/Use | Expenditure    | Revenue               |
|----------|--------------------|------------------|----------------|-----------------------|
| <b>E</b> | 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              |                  | \$1,900,000.00 | \$0.00                |
|          |                    |                  | \$0.00         | \$0.00                |
|          |                    | <b>TOTALS</b>    |                | <b>\$1,900,000.00</b> |

F

Assumptions used in arriving at fiscal estimate.

The annual expenditures for the dental plan are budgeted under the healthcare SPA budget appropriation. The City's contribution to the dental plans is fixed and dental plan provider changes do not impact anticipated expenditure levels for the SPA.

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.

This file does not change the anticipated level of expenditures for the City's dental plans which are budgeted under the healthcare benefits SPA.

J

This Note     Was requested by committee chair.