



City of Milwaukee Fiscal Impact Statement

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| A | Date <u>6/4/2018</u> File Number <u>180359</u> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Substitute |
| | Subject <u>Communication from the Department of Neighborhood Services amending the Positions Ordinance relative to adding two positions of Neighborhood Improvement Project Inspector to the Neighborhood Improvement Program (NIP)</u> |

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| B | Submitted By (Name/Title/Dept./Ext.) <u>Emily McKeown/Business Operations Manager/DNS</u> |
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| C | This File <input checked="" 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 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. |

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| 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) _____ |

| | Purpose | Specify Type/Use | Expenditure | Revenue | |
|----------|--------------------|---|-------------|--------------------|----------------|
| E | Salaries/Wages | Salaries | \$63,000.00 | \$0.00 | |
| | | | \$0.00 | \$0.00 | |
| | Supplies/Materials | Office supplies, code books, clothing, etc. | \$6,000.00 | \$0.00 | |
| | | | \$0.00 | \$0.00 | |
| | Equipment | Computer, Camera | \$8,600.00 | \$0.00 | |
| | | | \$0.00 | \$0.00 | |
| | Services | | \$0.00 | \$0.00 | |
| | | | \$0.00 | \$0.00 | |
| | Other | Training | \$10,000.00 | \$0.00 | |
| | | | \$0.00 | \$0.00 | |
| | | TOTALS | | \$87,600.00 | \$ 0.00 |

F

Assumptions used in arriving at fiscal estimate.

6 months of salary costs, 6 months of operating costs, full equipment costs, Lead Risk Assessment and other trainings

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.

- | | | |
|---|------------------------------------|---|
| <input checked="" type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | All costs above will recur on an annual basis |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | _____ |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 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.**