



City of Milwaukee Fiscal Impact Statement

A	Date <u>10/28/2014</u>	File Number <u>140873</u>	<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Substitute
	Subject <u>An ordinance relating to a periodic property inspection program</u>			

B	Submitted By (Name/Title/Dept./Ext.) <u>Eric Pearson, Budget & Policy Manager, DOA-BMD, x8554</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 checked="" type="checkbox"/> Increases or decreases city services.
		<input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.
		<input checked="" 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.

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	\$113,700.00	\$0.00	
		Fringe Benefits	\$51,165.00	\$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	Supplies, materials, auto allowance		\$12,300.00	\$0.00
				\$0.00	\$0.00
		TOTALS		\$177,165.00	\$ 0.00

F Assumptions used in arriving at fiscal estimate. _____

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 type="checkbox"/> 1-3 Years	<input checked="" type="checkbox"/> 3-5 Years	If the ordinance is approved, costs will occur on an annual basis for as long as the program exists.
<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.