



City of Milwaukee Fiscal Impact Statement

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|----------|--|----------------------------------|---|--|
| A | Date <u>5/11/2017</u> | File Number <u>170212</u> | <input checked="" type="checkbox"/> Original | <input type="checkbox"/> Substitute |
| | Subject <u>Agreement - Milwaukee Board of School Directors / After School Patrols</u> | | | |

| | |
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| B | Submitted By (Name/Title/Dept./Ext.) <u>Vicki Johnson/Accountant III/MPD/935-7125</u> |
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| | | |
|----------|------------------|---|
| C | This File | <input 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. |

| | | | |
|----------|------------------|--|---|
| D | Charge To | <input 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) _____ | |
| | | _____ | |

| E | Purpose | Specify Type/Use | Expenditure | Revenue |
|---|--------------------|------------------|--------------------|--------------------|
| | Salaries/Wages | | \$0.00 | \$0.00 |
| | | Overtime | \$60,000.00 | \$60,000.00 |
| | 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 | | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 |
| | TOTALS | | \$60,000.00 | \$60,000.00 |

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 type="checkbox"/> 3-5 Years | _____ |
| <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. Funded in 2017 Budget. _____

J This Note Was requested by committee chair.