



# City of Milwaukee Fiscal Impact Statement

|          |   |                                  |   |  |
|----------|---|----------------------------------|---|--|
| <b>A</b> | <b>Date</b> <u>1/26/2016</u>  | <b>File Number</b> <u>151274</u> | <input checked="" type="checkbox"/> <b>Original</b> | <input type="checkbox"/> <b>Substitute</b> |
|          | <b>Subject</b> <u>A charter ordinance relating to benefits for employees represented by the Milwaukee Police Association as a result of contract settlements.</u> |                                  |   |  |

|          |   |
|----------|---|
| <b>B</b> | <b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Nicole Fleck/DER-Labor Relations/x3371</u> |
|----------|---|

|          |                  |  |
|----------|------------------|--|
| <b>C</b> | <b>This File</b> | <input checked="" type="checkbox"/> <b>Increases or decreases previously authorized expenditures.</b>                  |
|          |                  | <input type="checkbox"/> <b>Suspends expenditure authority.</b>  |
|          |                  | <input type="checkbox"/> <b>Increases or decreases city services.</b>  |
|          |                  | <input type="checkbox"/> <b>Authorizes a department to administer a program affecting the city's fiscal liability.</b> |
|          |                  | <input type="checkbox"/> <b>Increases or decreases revenue.</b>  |
|          |                  | <input type="checkbox"/> <b>Requests an amendment to the salary or positions ordinance.</b>                            |
|          |                  | <input type="checkbox"/> <b>Authorizes borrowing and related debt service.</b>   |
|          |                  | <input type="checkbox"/> <b>Authorizes contingent borrowing (authority only).</b>                                      |
|          |                  | <input type="checkbox"/> <b>Authorizes the expenditure of funds not authorized in adopted City Budget.</b>             |

|          |                  |   |  |
|----------|------------------|---|--|
| <b>D</b> | <b>Charge To</b> | <input checked="" type="checkbox"/> <b>Department Account</b> | <input type="checkbox"/> <b>Contingent Fund</b>          |
|          |                  | <input type="checkbox"/> <b>Capital Projects Fund</b>         | <input type="checkbox"/> <b>Special Purpose Accounts</b> |
|          |                  | <input type="checkbox"/> <b>Debt Service</b>                  | <input type="checkbox"/> <b>Grant &amp; Aid Accounts</b> |
|          |                  | <input type="checkbox"/> <b>Other (Specify)</b> _____         |  |

| E | 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         |
|   | Equipment          |                  | \$0.00         | \$0.00         |
|   |                    |                  | \$0.00         | \$0.00         |
|   | Services           |                  | \$0.00         | \$0.00         |
|   |                    |                  | \$0.00         | \$0.00         |
|   | Other              | Pension          | \$0.00         | \$0.00         |
|   |                    |                  | \$0.00         | \$0.00         |
|   | <b>TOTALS</b>      |                  | <b>\$ 0.00</b> | <b>\$ 0.00</b> |

**F**

**Assumptions used in arriving at fiscal estimate.**

Costs for this file were included in the fiscal note for Common Council file #101158

**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.

\_\_\_\_\_

**J**

This Note  Was requested by committee chair.