



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>6/14/2016</u>	<b>File Number</b> <u>160124</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 non-represented sworn police department employees.</u>			

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Bryan J Rynders/Fiscal Planning Specialist - Senior/DOA-BMD/x8524</u>
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<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 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 checked="" type="checkbox"/> <b>Other (Specify)</b> <u>Provisions for Employee Retirement</u>	

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	(\$47,594.00)	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>(\$47,594.00)</b>	<b>\$ 0.00</b>

**F**

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

Above figures are for Sworn management non-represented employees estimated on an annual basis.

**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.**

Salary offset costs are included in fiscal note for CCFN 160189.

**J**

This Note  Was requested by committee chair.