



City of Milwaukee Fiscal Impact Statement

A	Date	3/9/2017	File Number	161658	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
A	Subject	Communication from the Fire and Police Commission amending the 2017 Positions Ordinance relating to changing an Office Assistant II position to bilingual.				

B	Submitted By (Name/Title/Dept./Ext.)	Renee Keinert, Program Assistant III, Fire and Police Commission, x5072
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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 checked="" 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 type="checkbox"/> Department Account <input type="checkbox"/> Capital Projects Fund <input type="checkbox"/> Debt Service <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Contingent Fund <input type="checkbox"/> Special Purpose Accounts <input type="checkbox"/> Grant & Aid Accounts
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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		\$0.00	\$0.00
TOTALS			\$ 0.00	\$ 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.

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. Requested change has no fiscal impact. _____

J

This Note Was requested by committee chair.