

City of Milwaukee Fiscal Impact Statement

Date Septe	ember 26, 2010	File Number	100605		Original	5ubstitute												
Subject Ea	arly Retiree Reinsurance	Program Application		· · · · · · · · · · · · · · · · · · ·														
Submitted I	By (Name/Title/Dept./E	xt.) Michael Brady, En	nployee Benefits Di	rector, Department	of Employee Relat	dons, 414-286-2317												
This File	his File Increases or decreases previously authorized expenditures.																	
·	Suspends expenditure authority.																	
	ncreases or decreases city services.																	
 Authorizes a department to administer a program affecting the city's fiscal liability. Requests an amendment to the salary or positions ordinance. Authorizes borrowing and related debt service. 																		
										This File Increases or decreases previously authorized expenditures. Suspends expenditure authority. Increases or decreases city services. Authorizes a department to administer a program affecting the city's fiscal liability. Requests an amendment to the salary or positions ordinance. Authorizes borrowing and related debt service. Authorizes contingent borrowing (authority only). Authorizes the expenditure of funds not authorized in adopted City Budget.								
											Authorizes the expenditure of funds not authorized in adopted City Budget.							
This Note	○ Was requested b	y committee chair																
Charge To	O Department Acc	ount		○ Contin	gant Fund													
Charge 10	Capital Projects		Contingent Fund															
	O Debt Service	ruita	Special Purpose Accounts															
	Other (Specify)			Grant	k Aid Accounts	<u></u>												
			<u> </u>			· · · · · · · · · · · · · · · · · · ·												
	Purpose	Specify Type/U	lse	Expenditure		Revenue												
Salaries/Wa	ges	<u> </u>																
		·																
Supplies/Ma	iterials																	
	and desires that course has	<u> </u>																
Equipment																		
-4-/p/.ceite		·																
						<u> </u>												
Services				\$43,000	·	·												
						·												
Other	the first to the following state of																	
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		·	 -															

G	For expenditure each item and d	es and revenues w follar amount sep	which will occur on parately.	an annual basis over s	several years check the ap	propriate box be	low and then list
G	1-3 Years	3-5 Years					· · · · · · · · · · · · · · · · · · ·
U	1-3 Years	3-5 Years					
	1-3 Years	3-5 Years					
	List any costs no	ot included in Sec	tions E and F abov	·e.			
Н							
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	Assumptions us	ed in arriving at fi	fiscal estimate.				
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13							
<u>.</u>			_				
	Additional infor					,	
	This authorizes Clunder the Early R	ER to use funds fro etiree Reinsurance	om the SPA for adm e Program.	inistration to administe	r the o ngoing application t	o the federal gove	rnment for funding
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					<i>F</i>		
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Day of							