

## City of Milwaukee Fiscal Impact Statement

	Date	7/11/2011	File Number	101175		Original	Substitute
Α	Subject -	Authorize the Department of Plan, Preferred Provider Organia	Employee Relation anization network,	s to enter a contra plan, following a R	act for an admini	strator for th	e City's Basic 3.
В	Submitted	By (Name/Title/Dept./Ext.)	Michael Brady, 2317	Employee Benefit	s Director, Depa	rtment of En	nployee Relations,
W.							
	This File	Increases or decrea	ses previously au	thorized expendi	tures.		
		Suspends expenditu	ire authority.				
		☐ Increases or decrea	ses city services.				
		Authorizes a depart	ment to administe	r a program affec	cting the city's	fiscal liabili	ty.
С		☐ Increases or decrea	ses revenue.				
		Requests an amend	ment to the salary	or positions ord	linance.		
		Authorizes borrowing	g and related deb	t service.			
		☐ Authorizes continge	nt borrowing (aut	hority only).			
		Authorizes the expe	nditure of funds n	ot authorized in a	adopted City Bu	udget.	
	Charge To	☐ Department Accoun	<u> </u>	П	Contingent Fu	nd	
	J	☐ Capital Projects Fun			Special Purpo		s
D		☐ Debt Service			Grant & Aid Ad		
		Other (Specify)				<u></u> .	

	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
E	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other	0001 1654 S114 006100	\$16,800,000	\$0.00
			\$0.00	\$0.00
	TOTALS		\$16,800,000.00	\$ 0.00

F	Assumptions used in arriving at fiscal estimate.						
	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.						
G	1-3 Years 3-5 Years						
	1-3 Years 3-5 Years						
	1-3 Years 3-5 Years						
Н	List any costs not included in Sections D and E above.						
	Additional information. This budget amount is revised from the Budget request						
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J	This Note						