



City of Milwaukee Fiscal Impact Statement

A

Date 11/22/17 **File Number** 170934
Subject Substitute ordinance relating to the establishment of a citywide worker safety telecommunication policy

B

Submitted By (Name/Title/Dept./Ext.) Maria Monteagudo Employee Relations Director X3335

C

- 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.
 - Increases or decreases revenue.
 - 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.

D

This Note Was requested by committee chair.

E

Charge To

- Department Account
- Capital Projects Fund
- Debt Service
- Other (Specify) TBD by the Budget and Management Division
- Contingent Fund
- Special Purpose Accounts
- Grant & Aid Accounts

F

Assumptions used in arriving at fiscal estimate.

A maximum of 1000 flip phones will be needed to ensure that every field safety employee has access to a city issued cell phone. Maximum usage of each phone was capped at 2 hours per month. Assuming an activation fee of \$15 per phone and a fee of \$.04 per minute, the fiscal estimate is \$72,600.

G			
Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		See attached spreadsheet.	
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS			

H			
<p>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.</p>			
<input checked="" type="checkbox"/> 1-3 Years	<input type="checkbox"/> 3-5 Years	the cost will depend on the fee structure under contract with the phone provider.	
<input type="checkbox"/> 1-3 Years	<input type="checkbox"/> 3-5 Years	_____	
<input type="checkbox"/> 1-3 Years	<input type="checkbox"/> 3-5 Years	_____	

I
<p>List any costs not included in Sections E and F above.</p> <p>_____</p>

J
<p>Additional information.</p> <p>_____</p>