

FINANCIAL IMPACT STATEMENT For Council Action Items

(Deliver original to Financial Planning Division. Retain copy.)

1. Name of Initiator Mark Stairiker		2. Telephone Number 503-823-5263	3. Bureau/Office/Department OMF/Risk Management
4a. To be filed (date) January 21, 2010	4b. Calendar (Check One) <div style="display: flex; justify-content: space-around;"> Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> 4/5ths <input type="checkbox"/> </div>		5. Date Submitted to FPD Budget Analyst January 13, 2010

1) Legislation Title: *Pay Claim of Mesina Lunz.**2) Purpose of the Proposed Legislation:** This ordinance will close OMF Risk Management File No. G2008-0041-01 for a total of \$18,232.00. Please see memorandum for detail.**3) Revenue:****Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If new revenue is generated please identify the source.**

This legislation will have no impact on City revenue.

4) Expense:**What are the costs to the City as a result of this legislation? What is the source of funding for the expense?** (Please include costs in the current fiscal year as well as costs in future years) (If the action is related to a grant or contract please include the local contribution or match required)

Cost to the City is \$18,232.00, \$1,232.00 has been paid already with a balance of \$17,000.00 to be paid as a result of this settlement. The source of funding is the City's Insurance and Claims Fund. All cost of the settlement is in the current fiscal year.

Staffing Requirements:**5) Will any positions be created, eliminated or re-classified in the current year as a result of this legislation?** (If new positions are created please include whether they will be part-time, full-time, limited term or permanent positions. If the position is limited term please indicate the end of the term.)

No.

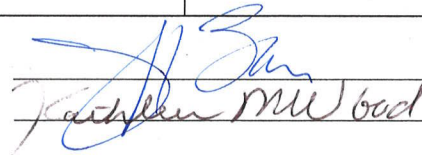
6) Will positions be created or eliminated in future years as a result of this legislation?

No.

Complete the following section only if an amendment to the budget is proposed.**7) Change in Appropriations** (If the accompanying ordinance amends the budget please reflect the dollar amount to be appropriated by this legislation. Include the appropriate cost elements that are to be loaded by accounting. Indicate "new" in Center Code column if new center needs to be created. Use additional space if needed.)

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Amount

Jeff Baer, Director, BIBS
 Kate Wood, Risk Manager



APPROPRIATION UNIT HEAD (Typed name and signature)



CITY OF PORTLAND, OREGON

Office of Management and Finance Risk Management Services

Sam Adams, Mayor
Kate Wood, Risk Manager
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DATE: January 12, 2010

TO: Mayor Sam Adams

FROM: Mark Stairiker
503-823-5263

FOR MAYOR'S OFFICE USE ONLY

Reviewed by Bureau Liaison _____

RE: *Pay Claim of Mesina Lunz (emergency)

1. INTENDED THURSDAY FILING DATE: January 21, 2010
2. REQUESTED COUNCIL AGENDA DATE: January 27, 2010
3. CONTACT NAME & NUMBER: Mark Stairiker, 503-823-5263
4. PLACE ON: ☒ CONSENT ☐ REGULAR
5. BUDGET IMPACT STATEMENT ATTACHED: ☒ Y ☐ N ☐ N/A
6. (3) ORIGINAL COPIES OF CONTRACTS APPROVED AS TO FORM BY CITY ATTORNEY ATTACHED: ☐ Yes ☐ No ☒ N/A

7. BACKGROUND/ANALYSIS

This is a settlement of a lawsuit resulting from a fall incident at the Wilson pool that resulted in injuries to the plaintiff Mesina Lunz.

8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$17,000.00 from the liability fund, in addition to the \$1,232.00 that has already been paid.

9. RECOMMENDATION/ACTION REQUESTED

Submit the attached Ordinance for approval by City Council as an emergency ordinance.