FINANCIAL IMPACT STATEMENT For Council Action Items

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

Name of Initiator	2. Telephone Number	3. Bureau/Office/Department
John W. Buehler	503-823-5256	OMF/Risk Management
4a. To be filed (date)	4b. Calendar (Check One) Regular Consent 4/5ths	5. Date Submitted to FPD Budget Analyst
February 10, 2010		February 3, 2010
February 10, 2010		

1) Legislation Title: *Pay Claim of Portland State University.

2) Purpose of the Proposed Legislation: This ordinance will close OMF Risk Management File No. G2009-0091-01 for a total of \$50,000.00. 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 \$50,000.00. 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
	er, Director, BIB ood, Risk Manag		19 3r en mudoo	d		

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
1120 S.W. Fifth Avenue, Room 709 • Portland, OR 97204-1912
Phone: 503-823-5101 • Fax: 503-823-6120
www.portlandonline.com

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DATE: February 2, 2010	
	FOR MAYOR'S OFFICE USE ONLY
TO: Mayor Sam Adams	
\mathcal{M}	Reviewed by Bureau Liaison
FROM: John W. Buehler	
503-823-5256	
RE: *Pay Claim of Portland State University (emer	
1. INTENDED THURSDAY FILING DATE: Februar	
2. REQUESTED COUNCIL AGENDA DATE: Febru	
3. CONTACT NAME & NUMBER: John W. Buehle	er, 503-823-5256
4. PLACE ON: <u>✓</u> CONSENT _ REGULAR	
5. BUDGET IMPACT STATEMENT ATTACHED:	
6. (3) ORIGINAL COPIES OF CONTRACTS APPRO	OVED AS TO FORM BY CITY
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7. BACKGROUND/ANALYSIS

This Ordinance settles a claim against the City by Portland State University based on a sewer backup at the Smith Memorial Student Union building in October, 2008. The University's direct loss was thoroughly documented at a total of \$63,238.28, which substantially exceeds the \$50,000 settlement amount. Under the Oregon Tort Claims Act in effect on the date of this loss, the City's exposure for this property damage claim is capped at \$50,000. ORS 30.270(1)(a).

Risk Management has evaluated the claim, including potential defenses to both liability and damages, and recommends that the claim be settled for the \$50,000 amount set forth in the proposed Ordinance.

8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$50,000.00 from the liability fund.

9. RECOMMENDATION/ACTION REQUESTED

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