FINANCIAL IMPACT STATEMENT For Council Action Items

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

Name of Initiator	2. Telephone Number	Bureau/Office/Department	
Becky Chiao	503-823-6124	OMF/Risk Management	
4a. To be filed (date)	4b. Calendar (Check One) Regular Consent 4/5ths	5. Date Submitted to FPD Budget Analyst October 20, 2010	
October 28, 2010		000001 20, 2010	

- 1) Legislation Title: *Pay Claim of Jesse Porter.
- 2) Purpose of the Proposed Legislation: This ordinance will close OMF Risk Management File No. G2009-8005-01 for a total of \$32,000.00.

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 \$32,000.00. The sources of funding are the bureau payroll account (\$5,000) and the City's Insurance and Claims Fund (\$27,000).

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		en Mew ood		-	



CITY OF PORTLAND, OREGON

Office of Management and Finance Risk Management Services

Sam Adams, Mayor
Kate Wood, Risk Manager
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DATE: October 19, 2010						
DATE. October 17, 2010	FOR MAYOR'S OFFICE USE ONLY					
TO: Mayor Sam Adams	Reviewed by Bureau Liaison					
FROM: Becky Chiao						
503-823-6124						
RE: *Pay Claim of Jesse Porter (emergency)						
1. INTENDED THURSDAY FILING DATE: October 28, 2010						
2. REQUESTED COUNCIL AGENDA DATE: November 3, 2010						
3. CONTACT NAME & NUMBER: Becky Chiao, 503-823-6124						
4. PLACE ON: ✓ CONSENT REGULAR						
5. BUDGET IMPACT STATEMENT ATTACHED:	Y N N/A					
6. (3) ORIGINAL COPIES OF CONTRACTS APPROV						
ATTORNEY ATTACHED: Yes No Y N						

7. BACKGROUND/ANALYSIS

This lawsuit claims that Mr. Porter was subjected to unfair performance expectations and ultimately fired unlawfully based upon his race and in retaliation for his making a complaint of discrimination. The City disputes these claims but after mediation, Risk Management and the City Attorney's officer recommend a compromise settlement of the case in lieu of trial.

8. FINANCIAL IMPACT

Approval of the settlement would result in a \$5,000.00 payment from OMF payroll and a payment of \$27,000.00 from the liability fund.

9. RECOMMENDATION/ACTION REQUESTED

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