

City of Milwaukee Fiscal Impact Statement

	Date	6/8/2021	File Number	1032-2020-430		Original	Substitute
Α	Subject	Payment of uninsured motoris	t settlement of Jar	nes Spinato			
В	Submitted	By (Name/Title/Dept./Ext.)	Yolanda Y. McC	Gowan, Deputy City	y Attorney, X26	01	
C	This File	☐ Increases or decreas ☐ Suspends expenditur ☐ Increases or decreas ☐ Authorizes a departm ☐ Increases or decreas ☐ Requests an amendn ☐ Authorizes borrowing ☐ Authorizes continger ☐ Authorizes the expen	re authority. es city services. eent to administe es revenue. nent to the salary g and related deb at borrowing (aut	r a program affector or positions ord t service.	ting the city's inance.		ity.
	Charge To	☐ Department Account ☐ Capital Projects Fund	ı		Contingent Fo		ts
D		Debt Service Other (Specify)			Grant & Aid A		
			· · · · · · · · · · · · · · · · · · ·				

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
Equipment		\$0.00	\$0.00
		\$0.00	\$0.00
Services		\$0.00	\$0.00
		\$0.00	\$0.00
Other	Uninsured Motorist Settlement	\$25,000.00	\$0.00
		\$0.00	\$0.00
TOTALS		\$25,000.00	\$ 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.
3	☐ 1-3 Years ☐ 3-5 Years
	1-3 Years 3-5 Years
	1-3 Years 3-5 Years
	List any costs not included in Sections D and E above.
	Additional information.