



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>5/28/2019</u>	<b>File Number</b> <u>1030-2016-2537</u>	<input checked="" type="checkbox"/> <b>Original</b>	<input type="checkbox"/> <b>Substitute</b>
	<b>Subject</b> <u>Payment of uninsured motorist settlement of Greg Lampley</u>			

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Jan A. Smokowicz, Deputy City Attorney, X2601</u>
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<b>C</b>	<b>This File</b>	<input checked="" type="checkbox"/> <b>Increases or decreases previously authorized expenditures.</b>
		<input type="checkbox"/> <b>Suspends expenditure authority.</b>
		<input type="checkbox"/> <b>Increases or decreases city services.</b>
		<input type="checkbox"/> <b>Authorizes a department to administer a program affecting the city's fiscal liability.</b>
		<input type="checkbox"/> <b>Increases or decreases revenue.</b>
		<input type="checkbox"/> <b>Requests an amendment to the salary or positions ordinance.</b>
		<input type="checkbox"/> <b>Authorizes borrowing and related debt service.</b>
		<input type="checkbox"/> <b>Authorizes contingent borrowing (authority only).</b>
		<input type="checkbox"/> <b>Authorizes the expenditure of funds not authorized in adopted City Budget.</b>

<b>D</b>	<b>Charge To</b>	<input type="checkbox"/> <b>Department Account</b>	<input type="checkbox"/> <b>Contingent Fund</b>
		<input type="checkbox"/> <b>Capital Projects Fund</b>	<input checked="" type="checkbox"/> <b>Special Purpose Accounts</b>
		<input type="checkbox"/> <b>Debt Service</b>	<input type="checkbox"/> <b>Grant &amp; Aid Accounts</b>
		<input type="checkbox"/> <b>Other (Specify)</b> _____	

	Purpose	Specify Type/Use	Expenditure	Revenue	
<b>E</b>	<b>Salaries/Wages</b>		\$0.00	\$0.00	
			\$0.00	\$0.00	
	<b>Supplies/Materials</b>		\$0.00	\$0.00	
			\$0.00	\$0.00	
	<b>Equipment</b>		\$0.00	\$0.00	
			\$0.00	\$0.00	
	<b>Services</b>		\$0.00	\$0.00	
			\$0.00	\$0.00	
	<b>Other</b>	Uninsured Motorist Settlement	\$15,000.00	\$0.00	
			\$0.00	\$0.00	
		<b>TOTALS</b>		<b>\$15,000.00</b>	<b>\$ 0.00</b>

F

Assumptions used in arriving at fiscal estimate. \_\_\_\_\_

G

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.

1-3 Years     3-5 Years

1-3 Years     3-5 Years

1-3 Years     3-5 Years

H

List any costs not included in Sections D and E above. \_\_\_\_\_

I

Additional information. \_\_\_\_\_

J

This Note     Was requested by committee chair.