



City of Milwaukee Fiscal Impact Statement

A	Date	<u>3/20/2017</u>	File Number	_____	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	<u>Resolution authorizing payment of uninsured motorist claim of Carnita Carter</u>				

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

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

E	Purpose	Specify Type/Use	Expenditure	Revenue
		Salaries/Wages		\$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 Claim Settlement-Carnita Carter	\$25,000.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$25,000.00	\$ 0.00

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