



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	Date	<u>10/19/2023</u>	File Number	<u>1068-2023-372</u>	<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Substitute
	Subject	<u>Settlement Authorization resolving Chad Vance, et al. v. City of Milwaukee; Case No. 23CV001401.</u>				

<b>B</b>	Submitted By (Name/Title/Dept./Ext.)	<u>Lisa Gilmore, Assistant City Attorney, X3821</u>
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<b>C</b>	This File	<input checked="" 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.

<b>D</b>	Charge To	<input checked="" type="checkbox"/> Department Account	<input type="checkbox"/> Contingent Fund
		<input type="checkbox"/> Capital Projects Fund	<input type="checkbox"/> Special Purpose Accounts
		<input type="checkbox"/> Debt Service	<input type="checkbox"/> Grant & Aid Accounts
		<input checked="" type="checkbox"/> Other (Specify) <u>Back Wages/ ER Tax (DPW) 600101 0001 5458 4600 R999 2023</u>	
		<u>Damages/Attorney Fees (OCA) 0001-1490-S118-006300</u>	

E	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages	Back Wages/ER Tax	\$223,880.55	\$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	Damages/ Atty. Fees	\$242,029.22	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$465,909.77</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.