



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>5/1/2019</u>	<b>File Number</b> _____	<input checked="" type="checkbox"/> <b>Original</b>	<input type="checkbox"/> <b>Substitute</b>
	<b>Subject</b> <u>Resolution authorizing settlement payment of the claim of Leonard Sobczak, C.I. File No. 1048-2018-2609</u>			

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Katryna C. Rhodes, Assistant City Attorney, ext. 2601</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 type="checkbox"/> <b>Special Purpose Accounts</b>
		<input type="checkbox"/> <b>Debt Service</b>	<input type="checkbox"/> <b>Grant &amp; Aid Accounts</b>
		<input checked="" type="checkbox"/> <b>Other (Specify)</b> <u>Water Department Account – 636506 – Fund No. 0410 – Organization 6411 – Program 2631 – Sub Class R643</u>	
		_____	

E	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	Case Settlement	\$7,341.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$7,341.00</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.

- |                                    |                                    |       |
|------------------------------------|------------------------------------|-------|
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | _____ |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | _____ |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 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.