



# City of Milwaukee Fiscal Impact Statement

## A

<b>Date</b>	May 2, 2016	<b>File Number</b>	1048-2014-2009
<b>Subject</b>	Resolution authorizing payment of the claim of Omar and Luz Chavez; C.I. File No. 1048-2014-2009		

## B

<b>Submitted By (Name/Title/Dept./Ext.)</b>	Patricia Fricker, Assistant City Attorney, ext. 2601
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## C

<b>This File</b>	<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.
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## D

<b>This Note</b>	<input type="checkbox"/> Was requested by committee chair.
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## E

<b>Charge To</b>	<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 type="checkbox"/> Other (Specify)	(DA) 636506-0410-6411-2631-R643	

## F

Assumptions used in arriving at fiscal estimate.

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<b>G</b>			
Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages			
Supplies/Materials			
Equipment			
Services			
Other	Claim Settlement	\$12,639.59	
<b>TOTALS</b>		\$12,639.59	

**H**

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    \_\_\_\_\_

**I**

List any costs not included in Sections E and F above.

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**J**

Additional information.

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