



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>4/26/2011</u> <b>File Number</b> <u>110025</u> <input checked="" type="checkbox"/> <b>Original</b> <input type="checkbox"/> <b>Substitute</b>
	<b>Subject</b> <u>Resolution authorizing payment of the uninsured motorist claim of Kathryn Gebhardt</u>

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Rudolph M. Konrad, Deputy City Attorney, X2601</u>
----------	---

<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> _____

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	Uninsured motorist claim settlement	\$24,000.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$24,000.00</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.

- |                                    |                                    |       |
|------------------------------------|------------------------------------|-------|
| <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.