



# City of Milwaukee Fiscal Impact Statement

|          |                |  |                    |        |  |   |
|----------|----------------|--|--------------------|--------|--|---|
| <b>A</b> | <b>Date</b>    | 5/1/2025   | <b>File Number</b> | 250008 | <input type="checkbox"/> <b>Original</b> | <input checked="" type="checkbox"/> <b>Substitute</b> |
|          | <b>Subject</b> | Substitute resolution reserving and appropriating \$1,500,000 from the 2025 Common Council Contingent Fund to the 2025 Damages and Claims Fund Special Purpose Account and reserving and appropriating \$200,000 from the 2025 Common Council Contingent Fund to the 2025 Outside Counsel/Expert Witness Fund Special Purpose Account. |                    |        |  |   |

|          |   |   |
|----------|---|---|
| <b>B</b> | <b>Submitted By (Name/Title/Dept./Ext.)</b> | Bryan J Rynders, Budget & Fiscal Policy Operations Manager, Dept. of Admin.-<br>Budget, x8524 |
|----------|---|---|

|          |   |  |
|----------|---|--|
| <b>C</b> | <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.             |  |

|          |  |  |   |
|----------|--|--|---|
| <b>D</b> | <b>Charge To</b>                               | <input checked="" type="checkbox"/> Department Account       | <input checked="" 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)       |  |   |
|          |  |  |   |

| <b>E</b> | 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              | Damages & Claims SPA                  | \$1,500,000.00 | \$0.00  |
|          |                    | Outside Counsel/Expert<br>Witness SPA | \$200,000.00   | \$0.00  |
|          | TOTALS             |                                       | \$1,700,000.00 | \$ 0.00 |

**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.