



City of Milwaukee Fiscal Impact Statement

A Date 2/1/2016 File Number _____ Original Substitute
 Subject Resolution Authorizing Payment of the Uninsured Motorist Claim of Emory McPherson

B Submitted By (Name/Title/Dept./Ext.) Miriam R. Horwitz, Deputy City Attorney, X2601

C This File Increases or decreases previously authorized expenditures.
 Suspends expenditure authority.
 Increases or decreases city services.
 Authorizes a department to administer a program affecting the city's fiscal liability.
 Increases or decreases revenue.
 Requests an amendment to the salary or positions ordinance.
 Authorizes borrowing and related debt service.
 Authorizes contingent borrowing (authority only).
 Authorizes the expenditure of funds not authorized in adopted City Budget.

D Charge To Department Account Contingent Fund
 Capital Projects Fund Special Purpose Accounts
 Debt Service Grant & Aid Accounts
 Other (Specify) _____

	Purpose	Specify Type/Use	Expenditure	Revenue
E	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 Settlement- Emory McPherson	\$19,500.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$19,500.00	\$ 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.

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