

City of Milwaukee Fiscal Impact Statement

	Date	9/12/2023	File Number	1029-2022-740		Original		Substitute
Α	Subject	Resolution Authorizing Settlem Services Independent Care He				North and St. Menter P. Person in	artmen	t of Health
В	Submitted	By (Name/Title/Dept./Ext.)	Jennifer L. Willi	ams, Deputy City A	Attorney X2601			
	This File		es previously au	thorized expendit	ures.			
		Suspends expenditur	e authority.					
		☐ Increases or decrease	es city services.					
		Authorizes a departm	ent to administe	r a program affec	ting the city's	fiscal liabil	ity.	
С		☐ Increases or decrease	es revenue.					
		Requests an amendm	ent to the salary	or positions ord	nance.			
		Authorizes borrowing	and related deb	ot service.				
		Authorizes contingen	t borrowing (aut	hority only).				
		Authorizes the expen	diture of funds n	ot authorized in a	dopted City B	udget.		
	Charge To	☐ Department Account			Contingent F	und		
		☐ Capital Projects Fund		\boxtimes	Special Purpo	se Accoun	ts	
D		☐ Debt Service			Grant & Aid A	ccounts		
		Other (Specify) Acc	ount No. 636506	-0001-1490-2632-	S118			

	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
Ε	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other	Settlement	\$45,000.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$45,000.00	\$ 0.00

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				
Н	List any costs not included in Sections D and E above.				
	Additional information.				