



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	Date	<u>8/1/2019</u>	File Number	<u>1032-2017-2119</u>	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	<u>Payment of uninsured motorist settlement of Paul Marchese</u>				

<b>B</b>	Submitted By (Name/Title/Dept./Ext.)	<u>Jan A. Smokowicz, Deputy City Attorney, X2601</u>
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<b>C</b>	This File	<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>	Charge To	<input type="checkbox"/> Department Account	<input 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) _____	

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 Settlement	\$25,000.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$25,000.00</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.