



# City of Milwaukee Fiscal Impact Statement

|          |         |                                                            |             |               |                                              |                                     |
|----------|---------|------------------------------------------------------------|-------------|---------------|----------------------------------------------|-------------------------------------|
| <b>A</b> | Date    | 7/1/2021                                                   | File Number | 1032-2018-703 | <input checked="" type="checkbox"/> Original | <input type="checkbox"/> Substitute |
|          | Subject | Payment of uninsured motorist settlement of Russell MacRae |             |               |                                              |                                     |

|          |                                      |                                                 |
|----------|--------------------------------------|-------------------------------------------------|
| <b>B</b> | Submitted By (Name/Title/Dept./Ext.) | Yolanda Y. McGowan, Deputy City Attorney, X2601 |
|----------|--------------------------------------|-------------------------------------------------|

|          |           |                                                                                                                 |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------|
| <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)       |                                                              |
|          |           |                                                |                                                              |

| <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              | Uninsured Motorist Settlement | \$18,000.00 | \$0.00  |
|          |                    |                               | \$0.00      | \$0.00  |
|          | TOTALS             |                               | \$18,000.00 | \$ 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.