



City of Milwaukee Fiscal Impact Statement

Date	6/13/2023	File Number	1048-2023-692	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
A Subject	Resolution authorizing payment of the claim of Sherman Associates/Highland Park Apartments, C.I. File No. 1048-2023-692				

B Submitted By (Name/Title/Dept./Ext.)	Jennifer L. Williams, Deputy City Attorney, X2601
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C 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.

D Charge To	<input checked="" type="checkbox"/> Department Account	<input type="checkbox"/> Contingent Fund
	<input type="checkbox"/> Capital Projects Fund	<input type="checkbox"/> Special Purpose Accounts
	<input type="checkbox"/> Debt Service	<input type="checkbox"/> Grant & Aid Accounts
	<input checked="" type="checkbox"/> Other (Specify) Water Department Account-636506-0410-6411-2631-R643.	

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	Settlement	\$50,000.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$50,000.00	\$ 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.