



# City of Milwaukee Fiscal Impact Statement

|          |   |                                  |   |  |
|----------|---|----------------------------------|---|--|
| <b>A</b> | <b>Date</b> <u>11/1/2016</u>  | <b>File Number</b> <u>160663</u> | <input checked="" type="checkbox"/> <b>Original</b> | <input type="checkbox"/> <b>Substitute</b> |
|          | <b>Subject</b> <u>Resolution creating Neighborhood Improvement District No. 8 (Walker's Point) and approving its Initial Operating Plan, in the 12th Aldermanic District.</u> |                                  |   |  |

|          |  |
|----------|--|
| <b>B</b> | <b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Rocky Marcoux, Commissioner, DCD, x5800</u> |
|----------|--|

|          |                  |  |
|----------|------------------|--|
| <b>C</b> | <b>This File</b> | <input type="checkbox"/> Increases or decreases previously authorized expenditures.  |
|          |                  | <input type="checkbox"/> Suspends expenditure authority.   |
|          |                  | <input type="checkbox"/> Increases or decreases city services.   |
|          |                  | <input checked="" 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> | <b>Charge To</b> | <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              | NID No. 8        | \$221,196.00        | \$221,196.00        |
|   |                    |                  | \$0.00              | \$0.00              |
|   | <b>TOTALS</b>      |                  | <b>\$221,196.00</b> | <b>\$221,196.00</b> |

**F**

Assumptions used in arriving at fiscal estimate. The fiscal estimate is based on NID special charges.

**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.