



# City of Milwaukee Fiscal Impact Statement

|          |   |
|----------|---|
| <b>A</b> | <b>Date</b> <u>11/15/2022</u> <b>File Number</b> <u>221113</u> <input checked="" type="checkbox"/> <b>Original</b> <input type="checkbox"/> <b>Substitute</b> |
|          | <b>Subject</b> <u>Resolution relative to application, acceptance and expenditure of 2023 State of Wisconsin Recycling Aid</u>                                 |

|          |   |
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| <b>B</b> | <b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Rick Meyers, Sanitation Services Manager, Dept. of Public Works, ext. 2332</u> |
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|          |                  |   |
|----------|------------------|---|
| <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 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 type="checkbox"/> Special Purpose Accounts        |
|          |                  | <input type="checkbox"/> Debt Service          | <input checked="" 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                |
|   | <b>Other</b>       | Basic Recycling Grant/Aid     | \$2,164,750.00        | \$2,164,750.00        |
|   |                    | Recycling Consolidation Grant | \$150,000.00          | \$150,000.00          |
|   | <b>TOTALS</b>      |                               | <b>\$2,314,750.00</b> | <b>\$2,314,750.00</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.

 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.