



# City of Milwaukee Fiscal Impact Statement

## A

<b>Date</b>	June 12, 2013	<b>File Number</b>	130239
<b>Subject</b>	Substitute resolution relative to application, acceptance and funding of the Implementing Voluntary National Retail Food Regulatory Program Standards Grant from the Food and Drug Administration (FDA).		

## B

<b>Submitted By (Name/Title/Dept./Ext.)</b>	Yvette M. Rowe, Business Operations Manager-Health, X3997
---	---

## C

<b>This File</b>	<input type="checkbox"/> Increases or decreases previously authorized expenditures. <input type="checkbox"/> Suspends expenditure authority. <input checked="" type="checkbox"/> Increases or decreases city services. <input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability. <input checked="" type="checkbox"/> Increases or decreases revenue. <input checked="" 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 checked="" type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.
------------------	--

## D

<b>This Note</b>	<input type="checkbox"/> Was requested by committee chair.
------------------	--

## E

<b>Charge To</b>	<input type="checkbox"/> Department Account <input type="checkbox"/> Capital Projects Fund <input type="checkbox"/> Debt Service <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Contingent Fund <input type="checkbox"/> Special Purpose Accounts <input checked="" type="checkbox"/> Grant & Aid Accounts
------------------	--	---

## F

Assumptions used in arriving at fiscal estimate.

---

**G**

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries	\$20,000	\$20,000
	Fringe Benefits	\$ 9,600	\$ 9,600
Supplies/Materials		\$ 5,900	\$ 5,900
Equipment		\$6,000	\$6,000
Services		\$13,500	\$13,500
Other		\$15,000	\$15,000
<b>TOTALS</b>		<b>\$70,000</b>	<b>\$70,000</b>

**H**

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

---

---

---

**I**

List any costs not included in Sections E and F above.

---

**J**

Additional information.

---