



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>10/19/2017</u>	<b>File Number</b> <u>170996</u>	<input checked="" type="checkbox"/> <b>Original</b>	<input type="checkbox"/> <b>Substitute</b>
	<b>Subject</b> <u>Resolution approving Year 2018 Operating Plans for various Business Improvement Districts and Neighborhood Improvement Districts, located in the City of Milwaukee.</u>			

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Rocky Marcoux, Commissioner, DCD, x5800</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 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		\$4,482,895.07	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$4,482,895.07</b>	<b>\$ 0.00</b>

F

Assumptions used in arriving at fiscal estimate.

The fiscal estimate is based on BID and NID special charges as submitted. See attached special charges spreadsheet, which is an attachment to this Fiscal Impact Statement.

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

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\_\_\_\_\_

\_\_\_\_\_

H

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

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I

Additional information.

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J

This Note  Was requested by committee chair.