



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	Date	06/26/13	File Number	_____	<input checked="" type="checkbox"/> Original	Substitute
	Subject	Resolution Authorizing Expenditures from the Police Department's Asset Forfeiture Fund				

<b>B</b>	Submitted By (Name/Title/Dept./Ext.)	Dan Rotar, Budget & Finance Mgr., MPD, 935-7452
----------	--------------------------------------	---

<b>C</b>	This File	<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 checked="" type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.
----------	-----------	---

<b>D</b>	Charge To	<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 checked="" type="checkbox"/> Special Purpose Accounts <input type="checkbox"/> Grant & Aid Accounts
----------	-----------	--	---

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	2013 Asset Forfeiture SPA	<b>\$901,647</b>	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$901,647</b>	<b>\$ 0.00</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.

- |                                    |                                    |       |
|------------------------------------|------------------------------------|-------|
| <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.