



City of Milwaukee Fiscal Impact Statement

A	Date <u>4/12/2011</u> File Number _____ <input checked="" type="checkbox"/> Original <input type="checkbox"/> Substitute
	Subject Resolution modifying the pilot program for City homeowners affected by the July 22, 2010 flood to authorize the City to accept title from non-participants for properties where the house has or will be demolished by the City due to the flood damage.

B	Submitted By (Name/Title/Dept./Ext.) <u>Rocky Marcoux, Commissioner, DCD, x5800</u>
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C	This File <input checked="" 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.

D	Charge To <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	Offer/Donation Agreement	\$10,000.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$10,000.00	\$ 0.00

F

Assumptions used in arriving at fiscal estimate. Approximately \$2,500 in closing costs and expenses for affected properties

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.