



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>8/25/2011</u> <b>File Number</b> <u>110560</u> <input checked="" type="checkbox"/> <b>Original</b> <input type="checkbox"/> <b>Substitute</b>
	<b>Subject</b> <u>Resolution relative to application, acceptance, and funding for the Interlibrary Services Grant.</u>

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Taj Schoening, Business Operations Manager, Library Board, 286-3024</u>
----------	--

<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 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.	

<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
	Other		\$86,715.00	\$86,715.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$86,715.00</b>	<b>\$86,715.00</b>

F

Assumptions used in arriving at fiscal estimate. Departmental Estimates

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.