



City of Milwaukee Fiscal Impact Statement

A	Date	<u>5/5/2026</u>	File Number	<u>251708</u>	<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Substitute
	Subject	<u>Substitute resolution authorizing carryover of certain fund balances from 2025 to 2026 in accordance with Section 65.07(1)(p), Wisconsin Statutes.</u>				

B	Submitted By (Name/Title/Dept./Ext.)	<u>Shaketa Winters, Budget & Fiscal Policy Manager, DOA-Budget, x8855</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 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 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 checked="" 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) _____	

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Various	\$3,442,699.26	\$0.00
		\$0.00	\$0.00
Supplies/Materials	Various	\$7,170,153.14	\$0.00
		\$0.00	\$0.00
Equipment	Various	\$3,517,123.38	\$0.00
		\$0.00	\$0.00
Services		\$0.00	\$0.00
			\$0.00
Other	Health Care Reserve account	\$7,000,000.00	\$0.00
	Various SPA accounts	\$2,873,809.58	\$0.00
TOTALS		\$24,003,785.36	\$ 0.00

F**Assumptions used in arriving at fiscal estimate.**See File Exhibit A-sub1 for details. Available account balances are from FMIS as of May 5, 2026.
_____**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.**