



City of Milwaukee Fiscal Impact Statement

A	Date <u>9/25/2017</u>	File Number _____	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject Resolution authorizing a one year extension to the term of Tax Incremental District No. 15 (27 th and North) and using the resulting tax incremental revenue to benefit affordable housing and improve housing stock in the City of Milwaukee with the 2017 levy.			

B	Submitted By (Name/Title/Dept./Ext.) <u>Dennis Yaccarino/Budget and Policy Manager Sr./DOA/8552</u>
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C	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 checked="" 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 checked="" type="checkbox"/> Capital Projects Fund	<input 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	Capital Improvements	\$0.00	\$85,131.00
			\$0.00	\$0.00
	TOTALS		\$ 0.00	\$85,131.00

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.

 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. _____

JThis Note Was requested by committee chair.