



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>2/20/2018</u>	<b>File Number</b> _____	<input checked="" type="checkbox"/> <b>Original</b>	<input type="checkbox"/> <b>Substitute</b>
	<b>Subject</b> Resolution relative to approval of funding for the 2018 Department of Administration , Information and Technology Management Division, Public Facility Communications Capital Improvement Program			

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Rich Watt / Policy &amp; Admin Manager / DOA-ITMD / x8031</u>
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<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 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.

<b>D</b>	<b>Charge To</b>	<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	DPW and ITMD staff for fiber and network repairs	\$400,000.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials	fiber,copper and network hardware	\$140,000.00	\$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		\$0.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$540,000.00</b>	<b>\$ 0.00</b>

**F****Assumptions used in arriving at fiscal estimate.** Schedule of work similar to previous three years**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.**