



# City of Milwaukee Fiscal Impact Statement

**A** **Date** 6/14/2016 **File Number** 160297  **Original**  **Substitute**

**Subject** Resolution approving a Project Plan, authorizing expenditures and creating Tax Incremental District No. 88 (4th and Wisconsin), in the 4th Aldermanic District.

**B** **Submitted By (Name/Title/Dept./Ext.)** Rocky Marcoux, Commissioner, DCD, x5800

**C** **This File**

- Increases or decreases previously authorized expenditures.
- Suspends expenditure authority.
- Increases or decreases city services.
- Authorizes a department to administer a program affecting the city's fiscal liability.
- Increases or decreases revenue.
- Requests an amendment to the salary or positions ordinance.
- Authorizes borrowing and related debt service.
- Authorizes contingent borrowing (authority only).
- Authorizes the expenditure of funds not authorized in adopted City Budget.

**D** **Charge To**

- Department Account
- Capital Projects Fund
- Debt Service
- Other (Specify) \_\_\_\_\_
- Contingent Fund
- Special Purpose Accounts
- Grant & Aid Accounts

	Purpose	Specify Type/Use	Expenditure	Revenue	
<b>E</b>	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	Contribution to project costs for the Milwaukee Streetcar and Administrative expenses.		\$8,075,000.00	\$8,075,000.00
				\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$8,075,000.00</b>	<b>\$8,075,000.00</b>	

**F** Assumptions used in arriving at fiscal estimate. See the Project Plan and Feasibility Study for TID No. 88.

**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.