



City of Milwaukee Fiscal Impact Statement

A	Date <u>3/10/2026</u> File Number <u>251904</u> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Substitute
	Subject <u>Resolution dissolving Tax Incremental District No. 39 (Hilton Hotel) and authorizing the City Comptroller to distribute excess incremental revenue to overlaying taxing districts.</u>

B	Submitted By (Name/Title/Dept./Ext.) <u>Lafayette Crump/Commissioner/DCD/x5800</u>
----------	---

C	This File	<input type="checkbox"/> Increases or decreases previously authorized expenditures.
		<input checked="" 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.

D	Charge To	<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 type="checkbox"/> Grant & Aid Accounts
		<input type="checkbox"/> Other (Specify) _____	

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	City share of surplus	\$0.00	\$1,100,000.00
		\$0.00	\$0.00
TOTALS		\$ 0.00	\$1,100,000.00

F Assumptions used in arriving at fiscal estimate. Surplus is approximately \$3,226,000; City of Milwaukee receives approximately 34% _____

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. Incremental value in TID will now be available for general levy purposes. _____

J This Note Was requested by committee chair.