



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b>	4/10/2025	<b>File Number</b>	241691	<input type="checkbox"/> <b>Original</b>	<input checked="" type="checkbox"/> <b>Substitute</b>
	<b>Subject</b>	Substitute resolution authorizing carryover of certain fund balances from 2024 to 2025 in accordance with Section 65.07(1)(p), Wisconsin Statutes.				

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b>	Bryan J Rynders, Budget & Fiscal Policy Operations Manager, DOA-Budget, x8524
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<b>C</b>	<b>This File</b>	<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.	

<b>D</b>	<b>Charge To</b>	<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) _____	

<b>E</b>	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages	Various	\$19,664,074.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials	Various	\$9,512,768.00	\$0.00
			\$0.00	\$0.00
	Equipment	Various	\$902,727.00	\$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	\$5,853,964.00	\$0.00
	TOTALS		\$42,933,533.00	\$ 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 April 9, 2025.  
\_\_\_\_\_**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.**