



# City of Milwaukee Fiscal Impact Statement

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

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b>	<u>Bryan J Rynders, Budget &amp; Fiscal Policy Operations Manager, DOA-Budget, x8524</u>
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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.
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<b>D</b>	<b>Charge To</b>	<input checked="" type="checkbox"/> Department Account <input type="checkbox"/> Capital Projects Fund <input type="checkbox"/> Debt Service <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Contingent Fund <input checked="" type="checkbox"/> Special Purpose Accounts <input type="checkbox"/> Grant & Aid Accounts
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	Purpose	Specify Type/Use	Expenditure	Revenue
<b>E</b>	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
		<b>TOTALS</b>		<b>\$42,933,533.00</b>

**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.**