



# City of Milwaukee Fiscal Impact Statement

**Date**

**File Number**

☐ **Original**

☐ **Substitute**

**Subject**

**Submitted By (Name/Title/Dept./Ext.)**

**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.

**This Note**

- ☐ Was requested by committee chair

**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
Salaries/Wages			
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS			

Form continued on following page.

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="radio"/> 1-3 Years	<input type="radio"/> 3-5 Years	
<input type="radio"/> 1-3 Years	<input type="radio"/> 3-5 Years	
<input type="radio"/> 1-3 Years	<input type="radio"/> 3-5 Years	

H

List any costs not included in Sections E and F above.

I

Assumptions used in arriving at fiscal estimate.

J

Additional information.