



City of Milwaukee Fiscal Impact Statement

A	Date	10/01/14	File Number		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	Resolution relating to the expenditure of funds to be reimbursed by greater than anticipated revenues-Firemen's Relief				

B	Submitted By (Name/Title/Dept./Ext.)	Christopher Wanty/Accounting Manager/Comptroller/x2314
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C	This File	<input checked="" type="checkbox"/> Increases or decreases previously authorized expenditures.
		<input 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 checked="" type="checkbox"/> Special Purpose Accounts
		<input type="checkbox"/> Debt Service	<input type="checkbox"/> Grant & Aid Accounts
		<input type="checkbox"/> Other (Specify) _____	

E	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	SPA-Firement's Relief S133	\$465.84	\$0.00
			\$0.00	\$0.00
	TOTALS		\$465.84	\$ 0.00

F	Assumptions used in arriving at fiscal estimate.	1/8 of State Aid revenue received of \$1,163,726.72=\$145,465.84 minus \$145,000.00 of 2014 budget appropriation=\$465.84 Supplemental Appropriation requested.	

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	<input type="checkbox"/> Was requested by committee chair.	