



City of Milwaukee Fiscal Impact Statement

A	Date	6/2/2015	File Number		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	Resolution dissolving Tax Incremental District No. 40 (North 35th Street and West North Avenue) and authorizing the City Comptroller to distribute excess incremental revenue to overlying taxing districts.				

B	Submitted By (Name/Title/Dept./Ext.)	Rocky Marcoux, Commissioner, DCD, x5800
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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)	

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	City share of surplus	\$0.00	\$158,000.00
			\$0.00	\$0.00
	TOTALS		\$ 0.00	\$158,000.00

F**Assumptions used in arriving at fiscal estimate.**Surplus is \$470,000; City of Milwaukee receives approximately 33.52 percent.
_____**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.** _____ Incremental value in TID will now be available for general levy purposes.
_____**J****This Note** ☐ **Was requested by committee chair.**