



City of Milwaukee Fiscal Impact Statement

A	Date <u>11/2/2016</u>	File Number <u>160955</u>	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject <u>Resolution canceling real estate taxes levied against certain parcels sold to St. Ann Center for Intergenerational Care, Inc.</u>			

B	Submitted By (Name/Title/Dept./Ext.) <u>Rocky Marcoux, Commissioner, DCD, x5800</u>
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C	This File	<input 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 checked="" 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 checked="" 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	Reduction in 2015 Levy Year Revenue	\$0.00	\$63,213.32
			\$0.00	\$0.00
	TOTALS		\$ 0.00	\$63,213.32

F

Assumptions used in arriving at fiscal estimate. 2015 tax levy amount and interest and penalty due as of November 30, 2016 as calculated by the City of Milwaukee Assessor's Office.

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.

St. Ann Center for Intergenerational Care, Inc. will be billed a Fair Share Payment Agreement fee annually by the Comptroller's Office per agreement recorded with the Milwaukee County Register of Deeds, as Document No. 10415994, and authorized by Common Council File No. 121465.

J

This Note **Was requested by committee chair.**