



City of Milwaukee Fiscal Impact Statement

A	Date	<u>4/6/2017</u>	File Number	<u>161766</u>	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	<u>Resolution dissolving Tax Incremental District No. 17 (Curry Pierce) and authorizing the City Comptroller to distribute excess incremental revenue to overlying taxing districts.</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 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.
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D	Charge To	<input 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 type="checkbox"/> Special Purpose Accounts <input type="checkbox"/> Grant & Aid Accounts
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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	\$22,940.00
			\$0.00	\$0.00
	TOTALS		\$ 0.00	\$22,940.00

F**Assumptions used in arriving at fiscal estimate.**Surplus is \$79,919; the City of Milwaukee receives approximately
28.704 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.**