



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	<b>Date</b> <u>7/2/2021</u> <b>File Number</b> <u>210513</u> <input checked="" type="checkbox"/> <b>Original</b> <input type="checkbox"/> <b>Substitute</b>
	<b>Subject</b> <u>Resolution relative to acceptance and expenditure of Aluminum Beverage Can grant funds</u>

<b>B</b>	<b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Samantha Longshore, Resource Recovery Program Manager, Dept. of Public Works, ext. 2334</u>
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<b>C</b>	<p><b>This File</b></p> <p><input type="checkbox"/> Increases or decreases previously authorized expenditures.</p> <p><input type="checkbox"/> Suspends expenditure authority.</p> <p><input type="checkbox"/> Increases or decreases city services.</p> <p><input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.</p> <p><input type="checkbox"/> Increases or decreases revenue.</p> <p><input type="checkbox"/> Requests an amendment to the salary or positions ordinance.</p> <p><input type="checkbox"/> Authorizes borrowing and related debt service.</p> <p><input type="checkbox"/> Authorizes contingent borrowing (authority only).</p> <p><input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.</p>
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<b>D</b>	<p><b>Charge To</b></p> <p><input type="checkbox"/> Department Account <input type="checkbox"/> Contingent Fund</p> <p><input type="checkbox"/> Capital Projects Fund <input type="checkbox"/> Special Purpose Accounts</p> <p><input type="checkbox"/> Debt Service <input checked="" type="checkbox"/> Grant &amp; Aid Accounts</p> <p><input type="checkbox"/> Other (Specify) _____</p>
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	Purpose	Specify Type/Use	Expenditure	Revenue
<b>E</b>	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	Aluminum Beverage Can Capture Grant	\$65,000.00	\$65,000.00
		<b>TOTALS</b>		<b>\$65,000.00</b>

**F**

Assumptions used in arriving at fiscal estimate. \_\_\_\_\_

**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. \_\_\_\_\_

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