



City of Milwaukee Fiscal Impact Statement

A	Date <u>7/9/2021</u> File Number <u>210549</u> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Substitute
	Subject <u>Resolution relative to application, acceptance and expenditure of 2022 State of Wisconsin Recycling Aid</u>

B	Submitted By (Name/Title/Dept./Ext.) <u>Samantha Longshore, Resource Recovery Program Manager, Dept. of Public Works, ext. 2334</u>
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C	<p>This File</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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D	<p>Charge To</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 & Aid Accounts</p> <p><input type="checkbox"/> Other (Specify) _____</p>
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	Purpose	Specify Type/Use	Expenditure	Revenue
E	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	Basic Recycling Grant/Aid	\$2,170,305.00	\$2,170,305.00
		Recycling Consolidation Grant	\$150,958.00	\$150,958.00
		TOTALS	\$2,321,263.00	\$2,321,263.00

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. _____

JThis Note Was requested by committee chair.