City of Milwaukee Fiscal Impact Statement

A

Date _____ **File Number** _____ ◯ **Original** ◯ **Substitute**

Subject _____

B

Submitted By (Name/Title/Dept./Ext.) _____

C

This File

- ◯ **Increases or decreases previously authorized expenditures.**
- ◯ **Suspends expenditure authority.**
- ◯ **Increases or decreases city services.**
- ◯ **Authorizes a department to administer a program affecting the city's fiscal liability.**
- ◯ **Increases or decreases revenue.**
- ◯ **Requests an amendment to the salary or positions ordinance.**
- ◯ **Authorizes borrowing and related debt service.**
- ◯ **Authorizes contingent borrowing (authority only).**
- ◯ **Authorizes the expenditure of funds not authorized in adopted City Budget.**

D

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

E

Charge To

- ◯ **Department Account**
- ◯ **Capital Projects Fund**
- ◯ **Debt Service**
- ◯ **Other (Specify)** _____
- ◯ **Contingent Fund**
- ◯ **Special Purpose Accounts**
- ◯ **Grant & Aid Accounts**

F

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages			
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS			

Form continued on following page.

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 E and F above.

I

Assumptions used in arriving at fiscal estimate.

J

Additional information.