## **CITY OF MILWAUKEE FISCAL NOTE**

A) DATE	February 20, 200	)1	FILI	E NUMBER:		
			Orig	inal Fiscal Note	Substitute	
SUBJECT: Resolution relative to application, funding, and expenditure of the Sexually Transmitted Diseases Grant						
B) SUBMITTED BY (Name/title/dept./ext.): Janet Nell, Administrative Specialist-Sr, Health, 2251						
C) CHECK ONE: X ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES						
ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION						
NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.						
NOT APPLICABLE/NO FISCAL IMPACT.						
D) CHARGE TO:	DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF)					
	CAPITAL PR	OJECTS FUND (CPF)	SPECIAL PURPOSE ACCOUNTS (SPA)			
	PERM. IMPROVEMENT FUNDS (PIF)  X GRANT & AID ACCOUNTS (G & AA)					
OTHER (SPECIFY)						
E) PURPOSE	SPEC	IFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
SALARIES/WAGES:						- CANANGO
				·		
SUPPLIES:						
MATERIALS:		· .				
WATERIALS:						
NEW EQUIPMENT:		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				
EQUIPMENT REPAIR:					*	
				·		
OTHER:			·	\$133,331	\$133,331	
· · · · ·						·
TOTALS		·		\$133,331	\$133,331	
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F) FOR EXPENDITURE	S AND REVENUES	WHICH WILL OCCUP ON	AN ANNUAL DACE	COVED CEVEDAL	/EADD OUTOK THE	· · · · · · · · · · · · · · · · · · ·
F) FOR EXPENDITURES AND REVENUES WHICH WILL OCCUR ON AN <b>ANNUAL</b> BASIS OVER SEVERAL YEARS CHECK THE APPROPRIATE BOX BELOW AND THEN LIST EACH ITEM AND DOLLAR AMOUNT <b>SEPARATELY</b> .						
				m / mm in		
1-3 YEARS		3-5 YEARS				
1-3 YEARS		3-5 YEARS				
1-3 YEARS		3-5 YEARS				
				**		
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:						
H) COMPUTATIONS U	SED IN ARRIVING	AT FISCAL ESTIMATE: De	partment Estimate	es		
	· · · · · · · · · · · · · · · · · · ·		•			
PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE						