

A)	DATE	*****	October	18, 200	06		FILI	E NUMBER:	0608	57
							Orig	inal Fiscal Note X	Substitute	
SUB	BJECT:	Resolutio	on relative to	the app	ication, funding and e	expenditures of the	e Milwaul	kee Intensive Nurse H	Home Visiting Progra	<u>am.</u>
B)	B) SUBMITTED BY (Name/title/dept./ext.): Yvette M. Rowe, Business Operations Manager, X3997									
C) CHECK ONE: X ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES										
	ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNC NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.									IL ACTION
···			NOT A	PPLICA	ABLE/NO FISCAL IMP	PACT.				
D)	CHARG	GE TO:	DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF)							
			CAPI	TAL PR	OJECTS FUND (CPF	")		SPECIAL PURPOSE	ACCOUNTS (SPA)	I
				M. IMPR ER (SPE	OVEMENT FUNDS (I	NT FUNDS (PIF) X GRANT & AID ACCOUNTS (G & AA)				
E\	DIIDDA	\c.F		005						
E)	PURPO ARIES/W			SPEC	CIFY TYPE/USE	ACC	OUNT	EXPENDITURE	REVENUE	SAVINGS
	ANEON	AGEG.								more Annancement of Links
SUP	PLIES:									
MAT	ERIALS:									
NEV	V EQUIPN	AENI:								
EQU	IPMENT	REPAIR:								
ОТН	OTHER:		Unknown at this time.				·····			
TOT	ALS									
	· · · · · · · · · · · · · · · · · ·									<u> </u>
F)	FOR EXP	PENDITUR	ES AND RE	VENUE	S WHICH WILL OCC	UR ON AN ANN	JAL BASI	S OVER SEVERAL	YEARS CHECK TH	
					N LIST EACH ITEM					
	7.0	VEADO					····		************************	
<u>-</u>		YEARS YEARS			J 3-5 YEARS					
<u>L</u>		YEARS			3-5 YEARS 3-5 YEARS					
L		TEARO	L		J 3-3 TEARS					
G)	LIST AN	NY ANTICI	PATED FUT	URE CC	STS THIS PROJECT	WILL REQUIR	FOR CC	MPLETION:		
									· · · · · · · · · · · · · · · · · · ·	
H)	COMPU	JTATIONS	USED IN AF	RIVING	AT FISCAL ESTIMA	ATE: Departmen	t Estimat	es	***************************************	
PLE	ASE LIST	ANY COM	IMENTS ON	REVER	SE SIDE AND CHEC	K HERE				