CITY OF MILWAUKEE FISCAL NOTE

A)	DATE		June 9, 2	004		ı	FILI	E NUM BER:				
						(Orig	ginal Fiscal Note X	Substitute			
									_			
SUBJECT: Resolution relative to application, funding, and expenditure of the Congenital Disorders Grant												
B)	SUBMIT	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.									ON		
		NOT A PPLICABLE/NO FISCAL IMPACT.										
D)	CHARG	ETO:	DEPARTMENT ACCOUNT(DA)			CONTINGENT FUND (CF)						
			CAPITAL PROJECTS FUND (CPF)				SPECIAL PURPOSE ACCOUNTS (SPA)					
		[PERM. IN	PERM. IMPROVEMENT FUNDS (PIF)				X GRANT & AID ACCOUNTS (G & AA)				
	OTHER (SPECIFY)											
E)	PURPOS	SE		SPECIFY T	YPE/USE	ACCOUNT	Γ	EXPENDITURE	REV ENUE	SAVINGS		
<u> </u>	ARIES/W											
SUP	PLIES:											
MAT	ERIALS:											
NEW	EQUIPMI	ENT:										
EQU	IPM ENT F	EPAIR:										
отн	ER:							121,627	121,627			
тот	ALS							121,627	121,627			
F)	FOR EXP	ENDITURES	AND REVENU	ES WHICH	WILL OCCUR ON A	N ANNUAL BASIS	O\	/ER SEVERAL YEARS	CHECK THE			
-,					EACH ITEM AND DO							
	1-3	YEARS		3-5	YEARS							
		YEARS			YEARS							
1-3 YEARS					YEARS							
		-				l						
<u> </u>	LIOT	D/ A1770	DATES E::-	- 000=0 =		I DECLUDE TO	<u> </u>	ADI ETICA:				
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:												

COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE: Department Estimates							
PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE							