



City of Milwaukee Fiscal Impact Statement

A

Date	March 13, 2013	File Number	121660
Subject	Resolution relating to expenditure of funds to be reimbursed by greater than anticipated revenue. (City of Milwaukee Health Department)		

B

Submitted By (Name/Title/Dept./Ext.)	Yvette M. Rowe, Business Operations Manager, Health Department, X3997
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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**
- | | |
|--|---|
| <input checked="" type="checkbox"/> Department Account | <input type="checkbox"/> Contingent Fund |
| <input type="checkbox"/> Capital Projects Fund | <input type="checkbox"/> Special Purpose Accounts |
| <input type="checkbox"/> Debt Service | <input type="checkbox"/> Grant & Aid Accounts |
| <input type="checkbox"/> Other (Specify) _____ | |

F

Assumptions used in arriving at fiscal estimate.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages			
Supplies/Materials			
Equipment			
Services	Lead Abatement activities	\$8,210	\$8,210
Other			
TOTALS		\$8,210	\$8,210

H

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 _____

I

List any costs not included in Sections E and F above.

J

Additional information.
