## CITY OF MILWAUKEE FISCAL NOTE

| A)   | DATE  |           | 12/13                       | 3/06        |  | FILE                      | E NUM BER:                     | 061134      |         |  |
|--|---|-----------|-----------------------------|-------------|--|---------------------------|--------------------------------|-------------|---------|--|
|  |   |           |                             |             |  | Orig                      | inal Fiscal Note X             | Substitute  |         |  |
| SUBJECT: Substitute resolution requesting the federal government's assistance in fighting violent crime in the city of Milw aukee. |   |           |                             |             |  |                           |                                |             |         |  |
| Substitute resolution requesting the receilar government's assistance in righting violent crime in the city of viilw advice.       |   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| B)   | B) SUBMITTED BY (Name/title/dept./ext.): Diana Morgan/Staff Assistant/x2231   |           |                             |             |  |                           |                                |             |         |  |
| ٥)   | OU FOU  | - ONE     |                             |             |  |                           |                                |             |         |  |
| C)   | CHECK ONE: A DOPTION OF THIS FILE AUTHORIZES EXPENDITURES   |           |                             |             |  |                           |                                | DNI.        |         |  |
|  | ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES: FURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW. |           |                             |             |  |                           |                                | NIC         |         |  |
|  | X NOT APPLICABLE/NO FISCAL IMPACT.  |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| D) CHARGE TO: DEPARTMENT ACCOUNT(DA) CONTING   |   |           |                             |             |  |                           | INGENT FUND (CF)               |             |         |  |
| DI CHARGETO.   |   |           | CAPITAL PROJECTS FUND (CPF) |             |  |                           | SPECIAL PURPOSE ACCOUNTS (SPA) |             |         |  |
|  |   |           |                             |             | ROVEMENT FUNDS (PIF) GRANT & AID ACCOUNTS (G & AA) |                           |                                |             |         |  |
|  | OTHER (SPECIFY)   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| <b>-</b>   | PURPO   | ee        | T                           | SPECIFY T   | VDE/I ISE  | ACCOUNT                   | EXPENDITURE                    | REV ENUE    | SAVINGS |  |
| E)<br>SAI  | ARIES/W   |           |                             | SPECIFI I   | TPE-USE  | ACCOUNT                   | EXPENDITORE                    | REVENUE     | SAVINGS |  |
| JAL  | AINILO/VV   | AGLO.     |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| SUP  | PLIES:  |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| MATERIALS:   |   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| NEW  | EQUIPM  | ENT:      |                             |             |  |                           |                                |             |         |  |
| EQUIPMENT REPAIR:  |   |           |                             |             |  |                           |                                |             |         |  |
| EQU  | IPWENT  | KEPAIK:   |                             |             |  |                           |                                |             |         |  |
| ОТН  | FR·   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| TOT  | ALS   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| F)   | FOR EXP   | ENDITURES | AND REVEN                   | NUES WHICH  | WILL OCCUR ON A                                    | AN <b>ANNUAL</b> BASIS OV | 'ER SEVERAL YEARS              | S CHECK THE |         |  |
| APPROPRIATE BOX BELOW AND THEN LIST EACH ITEM AND DOLLAR AMOUNT SEPARATELY.  |   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| 1-3 YEARS 3-5 YEARS  |   |           |                             |             | YEARS  |                           |                                |             |         |  |
| 1-3 YEARS  |   |           |                             | 3-5         | YEARS  |                           |                                |             |         |  |
|  | 1-3 YEARS 3-5 YEARS   |           |                             |             | YEARS  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
| G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:   |   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
|  |   |           |                             |             |  |                           |                                |             |         |  |
|  | 001   | P         | LIOPE III                   |             |  |                           |                                |             |         |  |
| H)   | COMPL   | JIAHONS   | USED IN ARI                 | KIVING AT F | ISCAL ESTIMATE                                     | <u>•</u>                  |                                |             |         |  |

| PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE |  |
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