

A)	DATE	October 18	, 2006		FILE	E NUMBER:	060860	>	
					Orig	inal Fiscal Note X	Substitute		
SUBJECT: Resolution relative to the application, funding and expenditures of the Maternal Health Grant.									
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 COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.								
	NOT APPLICABLE/NO FISCAL IMPACT.								
D) CULPOS TO STOLETANDA DOCUMENTO									
D)	CONTINGENT FOND (CF)								
	CAPITAL PROJECTS FUND (CPF)  SPECIAL PURPOSE ACCOUNTS (COUNTS								
	PERM. IMPROVEMENT FUNDS (PIF)  [X] GRANT & AID ACCOUNTS (G & AA)  [] OTHER (SPECIFY)								
(E)	PURPOSE		SPECIFY TYPE/US	\	40001111	T ====================================			
<u> </u>	ARIES/WAGES:		PECIFY ITPE/US	DE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS	
							***************************************		
SUP	PLIES:								
MAT	ERIALS:								
			······································						
NEV	V EQUIPMENT:								
EQU	IPMENT REPAIR	₹:			<del></del>				
OTHER: Unknov		Unknown at t	hìs time.						
тот	ALS								
F)						S OVER SEVERAL Y	EARS CHECK THE		
APPROPRIATE BOX BELOW AND THEN LIST EACH ITEM AND DOLLAR AMOUNT SEPARATELY.									
ľ	1-3 YEARS		3-5 YEARS						
	1-3 YEARS		3-5 YEARS						
L	1-3 YEARS		3-5 YEARS						
*******								<del></del>	
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:									
H) COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE: Department Estimates									
Department Light L									
PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE									