CITY OF MILWAUKEE FISCAL NOTE

A)	DATE		August 8, 2003		FILE	NUMBER:			
					Origi	inal Fiscal Note X	Substitute		
O. ID	IFOT D								
SUBJECT: Resolution relative to application for the Steps to a Healthier US Grant									
B)	SUBMITTED BY (Name/title/dept./ext.): Janet Nell, Administrative Specialist-Sr, Health, 2251								
C)	CHECK ONE: ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES								
	A DOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION								
		NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.							
	NOT A PPLICA BLE/NO FISCAL IMPACT.								
D)	CHARGE TO: DEPARTMENT ACCOUNT(DA)				CONTINGENT FUND (CF)				
	CAPITAL PROJECTS FUND (CP			FUND (CPF)	SPECIAL PURPOSE ACCOUNTS (SPA)				
	PERM. IMPROVEMENT FUNDS (FUNDS (PIF)	GRANT & AID ACCOUNTS (G & AA)				
		OTHER (SPECIFY)							
E)	PURPOSE		SPECIFY TY	PE/USE	ACCOUNT	EXPENDITURE	REV ENUE	SAVINGS	
SAL	ARIES/WAG	ES:							
SUP	PLIES:								
MAT	TERIALS:								
NEW	EQUIPMEN	Γ:							
EQU	IPM ENT REP	PAIR:							
ОТН	ER:		Unknow n at this time						
TOT	AL C								
TOT	ALS								
F) FOR EXPENDITURES AND REVENUES WHICH WILL OCCUR ON AN ANNUAL BASIS OVER SEVERAL YEARS CHECK THE									
	A PPROPRIA	TE BOX	BELOW AND THEN LIST EA	CH ITEM AND DOL	LAR AMOUNT SEPA	RATELY.			
					_ _				
1-3 YEARS			3-5 Y	'EARS					
1-3 YEARS			3-5 Y	'EARS					
1-3 YEARS			3-5 Y	3-5 YEARS					
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:									

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