

# CITY OF MILWAUKEE FISCAL NOTE

A) **DATE** \_\_\_\_\_ March 2, 2004 \_\_\_\_\_

**FILE NUMBER:** \_\_\_\_\_

Original Fiscal Note  Substitute

**SUBJECT:** Resolution relative to use of CDBG reprogramming funds for health care of uninsured persons at Milwaukee Health Services Inc.

B) **SUBMITTED BY (Name/title/dept./ext.):** Janet Nell, Administrative Specialist-Sr, Health, 2251

C) <b>CHECK ONE:</b>	<input type="checkbox"/> ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES
	<input checked="" type="checkbox"/> ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.
	<input type="checkbox"/> NOT APPLICABLE/NO FISCAL IMPACT.

D) <b>CHARGE TO:</b>	<input type="checkbox"/> DEPARTMENT ACCOUNT(DA)	<input type="checkbox"/> CONTINGENT FUND (CF)
	<input type="checkbox"/> CAPITAL PROJECTS FUND (CPF)	<input type="checkbox"/> SPECIAL PURPOSE ACCOUNTS (SPA)
	<input type="checkbox"/> PERM. IMPROVEMENT FUNDS (PIF)	<input checked="" type="checkbox"/> GRANT & AID ACCOUNTS (G & AA)
	<input type="checkbox"/> OTHER (SPECIFY)	

E) PURPOSE	SPECIFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
SALARIES/WAGES:					
SUPPLIES:					
MATERIALS:					
NEW EQUIPMENT:					
EQUIPMENT REPAIR:					
OTHER:	Unknown at this time				
<b>TOTALS</b>					

F) 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**.

<input type="checkbox"/> 1-3 YEARS	<input type="checkbox"/> 3-5 YEARS
<input type="checkbox"/> 1-3 YEARS	<input type="checkbox"/> 3-5 YEARS
<input type="checkbox"/> 1-3 YEARS	<input type="checkbox"/> 3-5 YEARS

G) **LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:**

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H) COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE: Department Estimates

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE