

# CITY OF MILWAUKEE FISCAL NOTE

A) **DATE** October 26, 2006

**FILE NUMBER:** 060860

Original Fiscal Note  Substitute

**SUBJECT:** Resolution relative to application, expenditure and funding of the Maternal Health Grant

B) **SUBMITTED BY (Name/title/dept./ext.):** Yvette M. Rowe

C) **CHECK ONE:**  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) **CHARGE TO:**  DEPARTMENT ACCOUNT(DA)  CONTINGENT FUND (CF)  
 CAPITAL PROJECTS FUND (CPF)  SPECIAL PURPOSE ACCOUNTS (SPA)  
 PERM. IMPROVEMENT FUNDS (PIF)  GRANT & AID ACCOUNTS (G & AA)  
 OTHER (SPECIFY)

| E) PURPOSE               | SPECIFY TYPE/USE | ACCOUNT | EXPENDITURE | REVENUE  | SAVINGS |
|--------------------------|------------------|---------|-------------|----------|---------|
| <b>SALARIES/WAGES:</b>   |                  |         |             |          |         |
|                          |                  |         |             |          |         |
| <b>SUPPLIES:</b>         |                  |         |             |          |         |
|                          |                  |         |             |          |         |
| <b>MATERIALS:</b>        |                  |         |             |          |         |
|                          |                  |         |             |          |         |
| <b>NEW EQUIPMENT:</b>    |                  |         |             |          |         |
|                          |                  |         |             |          |         |
| <b>EQUIPMENT REPAIR:</b> |                  |         |             |          |         |
|                          |                  |         |             |          |         |
| <b>OTHER:</b>            |                  |         | \$89,569    | \$89,569 |         |
|                          |                  |         |             |          |         |
|                          |                  |         |             |          |         |
| <b>TOTALS</b>            |                  |         | \$89,569    | \$89,569 |         |

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:**

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

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE