

# CITY OF MILWAUKEE FISCAL NOTE

A) DATE September 13, 2005

FILE NUMBER: 050741

Original Fiscal Note  Substitute

SUBJECT: Resolution relative to acceptance, funding and expenditure for the Asthma Care Coordination Grant

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

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 |
|-------------------|------------------|---------|-------------|---------|---------|
| SALARIES/WAGES:   |                  |         |             |         |         |
|                   |                  |         |             |         |         |
| SUPPLIES:         |                  |         |             |         |         |
|                   |                  |         |             |         |         |
| MATERIALS:        |                  |         |             |         |         |
|                   |                  |         |             |         |         |
| NEW EQUIPMENT:    |                  |         |             |         |         |
|                   |                  |         |             |         |         |
| EQUIPMENT REPAIR: |                  |         |             |         |         |
|                   |                  |         |             |         |         |
| OTHER:            |                  |         | \$7,016     | \$7,016 |         |
|                   |                  |         |             |         |         |
| <b>TOTALS</b>     |                  |         | \$7,016     | \$7,016 |         |

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