## CI OF MILWAUKEE FISCAL NE

| A)  | DATE   | June 8, 2005  |  | FIL                                     | E NUMBER:         | 05006                                   | 69                                      |  |
|---|--|---|--|---|-------------------|---|---|--|
|   |  |   |  | Orig                                    | ginal Fiscal Note | Substitute                              | 2                                       |  |
| SUB   | JECT: Substitut  | e resolution relating to the use and a  | illocation of H                                      | OME reprogramm                          | ing funds.        | *************************************** |   |  |
|   |  |   |  |   |                   |   |   |  |
| B) SUBMITTED BY (Name/title/dept./ext.): Steven L. Mahan/ Director/DOA-CBGA/X3842 |  |   |  |   |                   |   | *************************************** |  |
| 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. |  |   |                   |   |   |  |
|   |  | NEEDED, LIST ANTICIPAT  NOT APPLICABLE/NO FISC  | ED COSTS I   | N SECTION G BEL                         | .OW.              |   |   |  |
| L   |  |   | AL IVITACI.  | ······································  |                   |   |   |  |
| D)  | CHARGE TO:   | CHARGE TO: DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF)  |  |   |                   |   |   |  |
|   | 0174102 70.  | CAPITAL PROJECTS FUND   | CONTINGENT FUND (CF)  SPECIAL PURPOSE ACCOUNTS (SPA) |   |                   |   |   |  |
|   |  | PERM. IMPROVEMENT FUI   |  |   |                   |   | }                                       |  |
|   |  | PERM. IMPROVEMENT FUNDS (PIF)  X GRANT & AID ACCOUNTS (G & AA)  OTHER (SPECIFY)   |  |   |                   |   |   |  |
| ····  |  |   |  |   |                   |   | *************************************** |  |
| E)  | PURPOSE  | SPECIFY TYPE/USE  |  | ACCOUNT                                 | EXPENDITURE       | REVENUE                                 | SAVINGS                                 |  |
| SALA  | ARIES/WAGES:   |   |  |   |                   |   |   |  |
|   |  |   |  |   |                   |   |   |  |
| SUPF  | PLIES:   |   |  |   |                   |   |   |  |
| MATE  | TDIAL C.   |   |  |   |                   |   |   |  |
| MAIL  | ERIALS:  |   |  |   |                   |   |   |  |
| NEW   | EQUIPMENT:   |   |  | wimani                                  |                   |   |   |  |
|   |  |   |  |   |                   |   |   |  |
| EQUI  | PMENT REPAIR:  |   |  |   |                   |   |   |  |
| ОТНЕ  | R:   | HOME Contingency Account  |  |   | \$1,503,187       | C4 E02 407                              |   |  |
|   |  | 33337   |  |   | \$1,505,167       | \$1,503,187                             | -                                       |  |
|   |  |   |  |   |                   |   |   |  |
| TOTA  | LS   |   |  |   | \$1,503,187       | \$1,503,187                             |   |  |
|   |  |   |  |   |                   |   |   |  |
| <b>F</b> ) F  | FOR EXPENDITUR   | ES AND REVENUES WHICH WILL  | OCCUR ON A   | N ANNUAL BASI                           | S OVER SEVERAL    | YEARS CHECK THE                         | -                                       |  |
|   | AFFROPRIATE BU   | X BELOW AND THEN LIST EACH I  | IEM AND DO   | LLAR AMOUNT S                           | EPARATELY.        |   |   |  |
| $\Box$  | 1-3 YEARS  | 3-5 YEARS   |  |   |                   |   |   |  |
|   | 1-3 YEARS  | 3-5 YEARS   |  | *************************************** |                   |   |   |  |
|   | 1-3 YEARS  | 3-5 YEARS   |  |   |                   |   |   |  |
|   |  |   |  |   |                   |   |   |  |
| G)  | LIST ANY ANTICIP   | ATED FUTURE COSTS THIS PRO  | JECT WILL R  | EQUIRE FOR CO                           | MPLETION:         |   |   |  |
| ****  |  |   |  | *************************************** |                   |   |   |  |
|   |  |   | ***************************************              | ······································  |                   | *************************************** | ······································  |  |
| H)  | COMPLITATIONS  | JSED IN ARRIVING AT FISCAL ES   | TIM ATE:   |   |                   |   |   |  |
|   |  | DI PROGRAMO AT FIGURE ES  | : HVI/CI E.  |   |                   |   |   |  |
|   |  |   |  |   |                   |   |   |  |
| ****  |  |   |  |   |                   |   |   |  |
| PLEAS   | SE LIST ANY COMI   | MENTS ON REVERSE SIDE AND C   | HECK HERE  |   |                   |   |   |  |