

## CITY OF MILWAUKEE FISCAL NOTE

A) DATE June 20, 2002

FILE NUMBER:

Original Fiscal Note ☒ Substitute ☐

SUBJECT: Resolution relative to application of the Asthma Demonstration 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:            | Estimated to be  |         | \$150,000   | \$150,000 |         |
|                   |                  |         |             |           |         |
|                   |                  |         |             |           |         |
| TOTALS            |                  |         | \$150,,000  | \$150,000 |         |

- 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 A MOUNT **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

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