

# CITY OF MILWAUKEE FISCAL NOTE

A) DATE 12/9/02

FILE NUMBER: 020878

Original Fiscal Note  Substitute

SUBJECT: Resolution certifying ambulance service providers for the citywide emergency medical service system.

B) SUBMITTED BY (Name/title/dept./ext.): Linda Elmer/Staff Assistant/City Clerk/x2232 per Comm. Seth Foldy

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:            |                  |         |             |         |         |
|                   |                  |         |             |         |         |
|                   |                  |         |             |         |         |
| TOTALS            |                  |         |             |         |         |

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:

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PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE