CITY OF MILWAUKEE FISCAL NOTE

A)	DATE		August 22, 2003		FILE	NUM BER:			
					Orig	inal Fiscal Note X	Substitute		
CLID	IECT.	Decelution	valativa ta application formal			ata d CTD/III/ Diak Ca	- Crost		
SUBJECT: Resolution relative to application, funding, and expenditure of the Alcohol-related STD/HIV Risk Counseling Grant									
B)	SUBMITTED BY (Name/title/dept./ext.): Janet Nell, Administrative Specialist-Sr, Health, 2251								
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.								
	NOT APPLICABLE/NO FISCAL IMPACT.								
D) CHARGE TO: DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF)							 CF)		
	CAPITAL PROJECTS FUND (CPF				SPECIAL PURPOSE ACCOUNTS (SPA)				
	PERM. IMPROVEMENT FUNDS			FUNDS (PIF)					
			OTHER (SPECIFY)						
E)	PURPOS	2F	SPECIFY TYP	 DE/I ISE	ACCOUNT	EXPENDITURE	REV ENUE	SAVINGS	
<u> </u>	ARIES/WA		OI LOII I I I I		ACCOUNT	LXI LINDITOKE	KEVENOL	SAVINGS	
O/ 1_	,	1020.							
SUP	PLIES:								
MA	ERIALS:								
NEW	EQUIPME	ENT:							
EQU	IPM ENT R	EPAIR:							
						4			
ОТН	ER:					\$72,100	\$72,100		
ТОТ	ΔΙς					\$72,100	\$72,100		
	ALO					Ψ72,100	Ψ72,100		
F) FOR EXPENDITURES AND REVENUES WHICH WILL OCCUR ON AN ANNUAL BASIS OVER SEVERAL YEARS CHECK THE									
	APPROPE	RIATE BOX	BELOW AND THEN LIST EA	CH ITEM AND DOLL	AR AMOUNT SEPA	RATELY.			
1-3 YEARS				EARS EARS					
1-3 YEARS 1-3 YEARS			3-5 YEARS 3-5 YEARS						
<u> </u>	1-3	ILANO	<u> </u>	TVI/O	1				
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:									

COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE:						
PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE						