

CITY OF MILWAUKEE FISCAL NOTE

A) **DATE** August 25, 2004

FILE NUMBER: _____

Original Fiscal Note Substitute

SUBJECT: Resolution authorizing the proper City officers to execute an Out-of-Program Agreement between Columbia St. Mary's Hospital and the City of Milwaukee for construction of relocated water main in North Lake Drive north of East North Avenue to allow the hospital to proceed with the initial phase of its redevelopment plans.

B) **SUBMITTED BY (Name/title/dept./ext.):** Thomas H. Miller, Coordination Manager, Department of Public Works, x3304

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:**

<input type="checkbox"/> DEPARTMENT ACCOUNT(DA)	<input type="checkbox"/> CONTINGENT FUND (CF)
<input type="checkbox"/> CAPITAL PROJECTS FUND (CPF)	<input type="checkbox"/> SPECIAL PURPOSE ACCOUNTS (SPA)
<input type="checkbox"/> PERM. IMPROVEMENT FUNDS (PIF)	<input type="checkbox"/> GRANT & AID ACCOUNTS (G & AA)
<input type="checkbox"/> OTHER (SPECIFY)	

E) PURPOSE	SPECIFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
SALARIES/WAGES:					
SUPPLIES:					
MATERIALS:					
NEW EQUIPMENT:					
EQUIPMENT REPAIR:					
OTHER:					
TOTALS	NO FISCAL IMPACT				

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	NO FISCAL IMPACT
<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:**

NO FISCAL IMPACT

H) **COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE:**

NO FISCAL IMPACT

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE

