CITY OF MILWAUKEE FISCAL NOTE

| A) | DATE | | November | 29 2007 | FILE | NUM BER: | | |
|---|---|---------------------------------|------------|---|----------------------|-------------------------|-------------|---------|
| | | | | | Orig | inal Fiscal Note X | Substitute | |
| SUBJECT: Resolution authorizing the Commissioner of Public Works to execute a Cost Sharing Agreement with Milwauke County for the planned improvement of the West Oklahoma Avenue (CTH NN) Bridge over the Honey Creek | | | | | | | | |
| B) | SUBMITTED BY (Name/title/dept./ext.): Jeffrey S. Polenske, PE / City Engineer / Infrastructure Services Division / extension 2400 | | | | | | | |
| C) CHECK ONE: X A DOPTION 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 A PPLICABLE/NO FISCAL IMPACT. | | | | | | | | |
| DEPARTMENT ACCOUNT(DA) CAPITAL PROJECTS FUND (CPF) PERM. IMPROVEMENT FUNDS (PIF) OTHER (SPECIFY) CONTINGENT FUND (CF) SPECIAL PURPOSE ACCOUNTS (SPA) GRANT & AID ACCOUNTS (G & AA) | | | | | | | | |
| E) | E) PURPOSE | | | SPECIFY TYPE/USE | ACCOUNT | EXPENDITURE | REV ENUE | SAVINGS |
| SAL | SALARIES/WAGES: | | | | | | | |
| | | | | | | | | |
| SUPPLIES: | | | | | | | | |
| МΔТ | ΓERIALS: | | | | | | | |
| WA | I LINALO. | | | | | | | |
| NEW EQUIPMENT: | | | | | | | | |
| | | | | | | | | |
| EQU | IPMENT F | REPAIR: | | | | | | |
| OTHER: | | City Non-Assessable Paving Fund | | ST320070000 Fund 0333 | \$3,450.00 | | | |
| | | | | | | | | |
| | | | | | | | | |
| тот | ALS | | | | | \$3,450.00 | | |
| F) | | | | UES WHICH WILL OCCUR O THEN LIST EACH ITEM AND | | | S CHECK THE | |
| Ţ | X 1-3 YEARS | | | 3-5 YEARS | Expenditure: \$3 | Expenditure: \$3.450.00 | | |
| <u>L</u> | 1-3 YEARS | | | 3-5 YEARS | | | | |
| <u> </u> | 1-3 | YEARS | | 3-5 YEARS | | | | |
| G) | LIST A | NY ANTICIF | PATED FUTU | RE COSTS THIS PROJECT | WILL REQUIRE FOR COM | IPLETION: | | |

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