## CITY OF MILWAUKEE FISCAL NOTE

| A)     | DATE             | December 23, 2003           |   | FILE                   | NUM BER:           | 031208            |           |  |  |
|--------|------------------|-----------------------------|---|------------------------|--------------------|-------------------|-----------|--|--|
|        |                  |                             |   | Origi                  | inal Fiscal Note X | Substitute        |           |  |  |
| SUB    | JECT: <u>Ame</u> | nd Ordinance 290.           |   |                        |                    |                   |           |  |  |
| B)     | SUBMITTED E      | 3Y (Name/title/dept./ext.): | Jeffrey S. Polenske<br>2400                 | e, PE/City Engi        | neer / Department  | of Public Works / | extension |  |  |
| C)     | CHECK ONE:       | ADOPTION OF THIS            | FILE AUTHORIZES EXPE                        | ENDITURES              |                    |                   |           |  |  |
|        |                  |                             | FILE DOES NOT AUTHO<br>CIPATED COSTS IN SEC |                        | RES: FURTHER COM   | MON COUNCIL ACTIC | N         |  |  |
|        |                  | X NOT APPLICABLE/N          | O FISCAL IMPACT.                            |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
| D)     | CHARGE TO:       | DEPARTMENT ACCO             | OUNT(DA)                                    | ) CONTINGENT FUND (CF) |                    |                   |           |  |  |
|        |                  | CAPITAL PROJECTS            | FUND (CPF)                                  |                        | SPECIAL PURPOSE A  | (CCOUNTS (SPA)    |           |  |  |
|        |                  | PERM. IMPROVEMEN            | IT FUNDS (PIF)                              |                        | GRANT & AID ACCO   | UNTS (G & AA)     |           |  |  |
|        |                  | OTHER (SPECIFY)             |   |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
| E)     | PURPOSE          | SPECIFY TY                  | (PE/USE                                     | ACCOUNT                | EXPENDITURE        | REVENUE           | SAVINGS   |  |  |
| SAL    | ARIES/WAGES:     | N/A                         |   |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
| SUP    | PLIES:           |                             |   |                        |                    |                   |           |  |  |
| NA A 7 | FEDIAL C.        |                             |   |                        |                    |                   |           |  |  |
| MA     | TERIALS:         |                             |   |                        |                    |                   |           |  |  |
| NEW    | / EQUIPMENT:     |                             | -   |                        |                    |                   |           |  |  |
| IVE    | LQOII WILLYI.    |                             |   |                        |                    |                   |           |  |  |
| EQU    | IPMENT REPAIR    | ₹:                          |   |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
| ОТН    | IER:             |                             |   |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
| ТОТ    | ALS              |                             |   |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
| F)     | FOR EXPENDIT     | JRES AND REVENUES WHICH W   | VILL OCCUR ON AN <b>AN</b>                  | NUAL BASIS OV          | ER SEVERAL YEAR    | S CHECK THE       |           |  |  |
| ,      | APPROPRIATE      | BOX BELOW AND THEN LIST E   | ACH ITEM AND DOLLAF                         | R AMOUNT <b>SEPA</b>   | RATELY.            |                   |           |  |  |
|        |                  |                             | N   | /A                     |                    |                   |           |  |  |
|        | 1-3 YEAR         | S 3-5 `                     | YEARS                                       |                        |                    |                   |           |  |  |
|        | 1-3 YEAR         | S 3-5                       | YEARS                                       |                        |                    |                   |           |  |  |
|        | 1-3 YEAR         | S 3-5 '                     | YEARS                                       |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
| G)     | LIST ANY AN      | TICIPATED FUTURE COSTS TI   | HIS PROJECT WILL RE                         | QUIRE FOR COM          | IPLETION:          |                   |           |  |  |
|        |                  |                             | N   | Α                      |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
|        |                  |                             |   |                        |                    |                   |           |  |  |
| H)     | COMPUTATION      | ONS USED IN ARRIVING AT FIS |   |                        |                    |                   |           |  |  |
|        |                  |                             | N   | A                      |                    |                   |           |  |  |

| EASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE |  |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |