## CITY OF MILWAUKEE FISCAL NOTE

DATE		January 14, 2004		FILE	NUM BER:				
				Origin	nal Fiscal Note X	Substitute			
SUBJECT: Resolution authorizing the Health Department to enter into a memorandum of understanding with the AIDS Resource Center of Wisconsin									
B) SUBMITTED BY (Name/title/dept./ext.): Janet Nell, Administrative Specialist-Sr, Health, 2251									
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.									
DEPARTMENT ACCOUNT(DA)  CAPITAL PROJECTS FUND (CPF)  PERM. IMPROV EMENT FUNDS (PIF)  OTHER (SPECIFY)  CONTINGENT FUND (CF)  SPECIAL PURPOSE ACCOUNTS (SPA)  GRANT & AID ACCOUNTS (G & AA)									
PURPOS	SE	SPECIFY T	YPE/USE	ACCOUNT	EXPENDITURE	REV ENUE	SAVINGS		
ARIES/WA	AGES:								
SUPPLIES:									
ERIALS:									
NEW EQUIPMENT:									
EQUIPMENT REPAIR:									
ER:									
ALS									
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.									
1-3 \	YFARS	3-5	YFARS						
1-3 YEARS									
1-3 YEARS									
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:									
	SUBMIT CHECK  CHECK  CHARGI  PURPOS ARIES/WA  PLIES: FERIALS: FOR EXPI APPROPE  1-3 \ 1-3 \ 1-3 \ 1-3 \	SUBMITTED BY (NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	SUBMITTED BY (Name/title/dept./ext.):  CHECK ONE: ADOPTION OF THIS NEEDED. LIST ANTIK  APPROPSE SPECIFY TO THE SPECIFY TO TH	SUBMITTED BY (Name/title/dept./ext.):	Department to enter into a memorandum of the Wisconsin  SUBMITTED BY (Name/title/dept./ext.):	Original Fiscal Note     DECT: Resolution authorizing the Health Department to enter into a memorandum of understanding with   Wisconsin	Detail Fiscal Note X Substitute  JECT: Resolution authorizing the Health Department to enter into a memorandum of understanding with the AIDS Resource C Wisconsin  SUBMITTED BY (Name/title/dept/ext.): Janet Nell, Administrative Specialist-Sr, Health, 2251  CHECK ONE: ADDITION OF THIS FILE AUTHORIZES EXPENDITURES: PURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.  X NOT APPLICABLENO FISCAL IMPACT.  CHARGE TO: DEPARTMENT ACCOUNTIDA) CONTINSENT FUND (CF) PERM. IMPROVEMENT FUNDS (PF) GRANT & AID ACCOUNTS (SPA) PERM. IMPROVEMENT FUNDS (PF) GRANT & AID ACCOUNTS (G & AA)  OTHER (SPECIFY TYPEFUSE ACCOUNT EXPENDITURE REVENUE ARESWAGES:  EVALUATE: PURPOSE SPECIFY TYPEFUSE ACCOUNT EXPENDITURE REVENUE  PURPOSE SPECIFY TYPEFUSE ACCOUNT EXPENDITURE REVENUE  PURPOSE SPECIFY TYPEFUSE ACCOUNT EXPENDITURE REVENUE  FOR EXPENDITURES AND REVENUES WHICH WILL OCCUR ON AN ANNUAL BASIS OVER SEVERAL YEARS CHECK THE APPROPRIATE BOX BELOW AND THEN LIST EACH HEM AND DOLLAR AMOUNT SEPARATELY.  1-3 YEARS 3-5 YEARS		

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