CITY OF MILWAUKEE FISCAL NOTE

| A) | DATE | 9/12/06 | | FILE | NUM BER: | 060499 |) | |
|---|---|----------------------|------------------|-----------------|--------------------------------|------------|---------|--|
| | | | | Origi | nal Fiscal Note X | Substitute | | |
| | | | | | | | | |
| SUBJECT: Resolution relative to the application, acceptance and funding of the HIV Women's Grant from the Medical College of Wisconsin. | | | | | | | | |
| | | | | | | | | |
| B) | B) SUBMITTED BY (Name/title/dept./ext.): Yvette Rowe, Business Operations Manager, X3997. | | | | | | | |
| C) | C) CHECK ONE: X ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES | | | | | | | |
| 0, | 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) | | | |
| i. | CAPITAL PROJECTS FUND (CPF) | | | | SPECIAL PURPOSE ACCOUNTS (SPA) | | | |
| i. | | PERM. IMPROVEM | | | GRANT & AID ACCOUNTS (G & AA) | | | |
| L OTHER (SPECIFY) | | | | | | | | |
| | | | | | | | | |
| E) | PURPOSE | SPECIFY | TYPE/USE | ACCOUNT | EXPENDITURE | REVENUE | SAVINGS | |
| SAL | ARIES/WAGES: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SUP | PLIES: | | | | | | | |
| | | | | | | | | |
| MATERIALS: | | | | | | | | |
| | | | | | | | | |
| NEW EQUIPMENT: | | | | | | | | |
| | | | | | | | | |
| EQUIPMENT REPAIR: | | | | | | | | |
| | | | | | | | | |
| ОТН | ER: | | | | \$201,890 | \$201,890 | | |
| | | | | | | | | |
| | | | | | | | | |
| тот | ALS | | | | \$201,890 | \$201,890 | | |
| | | | | | | | | |
| F) | FOR EXPENDITURES | S AND REVENUES WHICH | WILL OCCUR ON AN | ANNUAL BASIS OV | ER SEVERAL YEARS | CHECK THE | | |
| A PPROPRIATE BOX BELOW AND THEN LIST EACH ITEM AND DOLLAR AMOUNT SEPARATELY. | | | | | | | | |
| | | | | | | | | |
| 1-3 YEARS | | 3- | 5 YEARS | | | | | |
| 1-3 YEARS | | 3- | 5 YEARS | | | | | |
| 1-3 YEARS | | 3- | 5 YEARS | | | | | |
| | | | | | | | | |
| G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| П/ | COMPLETATIONS | LICED IN ADDIVING AT | TICCAL FOTIMATE. | | | | | |

| PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE | |
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