CITY OF MILWAUKEE FISCAL NOTE

A) DATE	2/1/07		FILE	NUMBER:	061258			
			Orig	inal Fiscal Note X	Substitute			
SUBJECT: A substi	tute ordinance relating to pr	ocurement of Fair Tra	ide Certified products	S .				
					· · · · · · · · · · · · · · · · · · ·			
B) SUBMITTED BY	(Name/title/dept./ext.):	Cheryl L. Oliva, Ci	ity Purchasing Direct	<u>Oľ</u>	***************************************			
	ADODTAN OF THE		o Evacioni i de					
C) CHECK ONE: ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCE								
	NEEDED. LIST AN	ITICIPATED COSTS	IN SECTION G BEL	DITUKES; FURTHER OW.	COIVINION COUNC	DIL ACTION		
	X NOT APPLICABLE	NO FISCAL IMPACT	•					
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D) CHARGE TO:		DEPARTMENT ACCOUNT(DA)			CONTINGENT FUND (CF)			
	NA CONTRACTOR OF THE CONTRACTO	CAPITAL PROJECTS FUND (CPF) SPECIAL PURPOSE ACCOUNTS (SPA)						
	PERM. IMPROVEMENT FUNDS (PIF) GRANT & AID ACCOUNTS (G & AA)							
	OTHER (SPECIFY)	·						

E) PURPOSE	SPECIFY T	YPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS		
SALARIES/WAGES:								
SUPPLIES:								

MATERIALS:								
NEW EQUIPMENT:								
EQUIPMENT REPAIR:								
EQUIPMENT REPAIR.								
OTHER:					***************************************			
***************************************		***************************************	***************************************					
TOTALS								
F) FOR EXPENDITU	RES AND REVENUES WH	ICH WILL OCCUR OF	N AN ANNUAL BASI	S OVER SEVERAL Y	EARS CHECK THE			
APPROPRIATE B	OX BELOW AND THEN LIS	T EACH ITEM AND I	OOLLAR AMOUNT S	EPARATELY.				
		VEADO			·····			
1-3 YEARS		YEARS						
1-3 YEARS 1-3 YEARS		YEARS YEARS		*****				
		- ILANO		***************************************	**************************************	***************************************		

G) LIST ANY ANTIC	IPATED FUTURE COSTS	HIS PROJECT WILL	REQUIRE FOR CO	MPLETION:				
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		***************************************				***************************************		
LI COMPLITATIONS	USED IN ARRIVING AT F	ICCAL ECTIMATE				**************************************		
***************************************	ts for these types of product				***************************************	***************************************		
					***************************************	**************************************		
PLEASE LIST ANY COL	MMENTS ON REVERSE SI	DE AND CHECK HE	RF [**************************************	······································			