CITY OF MILWAUKEE FISCAL NOTE

| A) | DATE April 5, 2007 | | | FILE NUMBER: | | | 061214 | |
|---|---|--|----------------------|--------------|-----------------|------------|---------|--|
| | | | | Origi | nal Fiscal Note | Substitute | (| |
| SUBJECT: Resolution authorizing carryover of certain fund balances from 2006 to 2007 in accordance with Section 65.07(1)(p), Wisconsin Statutes. | | | | | | | | |
| B) SUBMITTED BY (Name/title/dept./ext.): David Schroeder, Fiscal Planning Specialist-Senior, Ext. 8524 | | | | | | | | |
| C) | CHECK ONE: X 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. | | | | | | | |
| | | | | | | | | |
| D) | CHARGE TO: | ARGE TO: X DEPARTMENT ACCOUNT(DA) CAPITAL PROJECTS FUND (CPF) PERM. IMPROVEMENT FUNDS (PIF) X SPECIAL PURPOSE ACCOUNTS (SPANT & AID ACCOUNTS (G & AA) X OTHER (SPECIFY) Contributions | | | | | | |
| E) | PURPOSE | SPEC | FY TYPE/USE | ACCOUNT | EXPENDITURE | REVENUE | SAVINGS | |
| SAL | ARIES/WAGES: | | | | | | | |
| | | | | | | | | |
| SUP | PLIES: | | | | | | | |
| | | | | | | | | |
| MAT | ERIALS: | | | | | | | |
| NEW | V EQUIPMENT: | | | | | | | |
| EQU | JIPMENT REPAIR: | | | | | | | |
| ОТН | THER: Carryover of certain fund balance | | n fund balances from | | | | | |
| | 2006 to 2007 | | | | | | | |
| | (See attached Exhibit A fo | | ibit A for details.) | | \$14,858,654 | | | |
| TOT | 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 YEARS | | 3-5 YEARS | | | | | |
| | 1-3 YEARS | | 3-5 YEARS | | | | | |
| <u> </u> | 1-3 YEARS | | 3-5 YEARS | | | | | |
| G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION: | | | | | | | | |
| H) COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE: | | | | | | | | |
| (See File Exhibit A for details.) | | | | | | | | |
| | | | | | | | | |
| PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE | | | | | | | | |