CITY OF MILWAUKEE FISCAL NOTE

| A) | DATE | June 22, 2 | 009 | | FILE | NUMBER: | 090240 | | |
|--|---|---|---|----------|---------|--------------------|------------|---------|--|
| | | | | | Origi | inal Fiscal Note X | Substitute | | |
| SUBJECT: Substitute resolution relative to application, funding, and expenditure of the 2009 Back to School Health Fair Grant from the | | | | | | | | | |
| Stark Hospital Foundation. | | | | | | | | | |
| B) SUBMITTED BY (Name/title/dept./ext.): Yvette M. Rowe, Business Operations Manager, X3997 | | | | | | | | | |
| C) | C) CHECK ONE: X ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES | | | | | | | | |
| | 1 | 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: | DEPART | DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF) | | | | | | |
| | | CAPITAL PROJECTS FUND (CPF) SPECIAL PURPOSE ACCOUNTS (SPA) | | | | | | | |
| | | PERM. IMPROVEMENT FUNDS (PIF) X GRANT & AID ACCOUNTS (G & AA) | | | | | | | |
| | | OTHER (| OTHER (SPECIFY) | | | | | | |
| | | | | | | | | | |
| E) | PURPOSE | S | PECIFY | TYPE/USE | ACCOUNT | EXPENDITURE | REVENUE | SAVINGS | |
| SAL | ARIES/WAGES: | | | | | | | | |
| | | | | | | | | | |
| CLID | PLIES: | | | | | | | | |
| SUP | PLIES: | | | | | | | | |
| MAT | ERIALS: | | | | | | | | |
| | | | | | | | | | |
| NEW | EQUIPMENT: | | | | | | | | |
| F011 | IDMENT DEDAID | | | | | | | | |
| EQU | IPMENT REPAIR: | | | | | | | | |
| отн | ER: | | | | | \$25,000 | \$25,000 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOT | ALS | | | | | \$25,000 | \$25,000 | | |
| | | | | | | | | | |
| 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 | | | | | |
| | 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: Department Estimates | | | | | | | | | |
| | | | | | | | | | |
| PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE | | | | | | | | | |