CITY OF MILWAUKEE FISCAL NOTE

A)	DATE	June 22, 2009	FILE NUMBER:	090248	
			Original Fiscal Note X	Substitute	
SUBJECT: Substitute resolution relative to application, funding, and expenditure of the Childhood Lead Poisoning Prevention Grant from the St of Wisconsin Department of Health Services.					
B)	B) SUBMITTED BY (Name/title/dept./ext.): Yvette M. Row e, Business Operations Manager, X3997				
C)	CHECK	CHECK ONE: X ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES			
		A DOPTION OF THIS FILE DOES NOT A UTHORIZE EXPENDITURES: FURTHER COMMON COUNCIL A CTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.			
		NOT A PPLICA BLE/NO FISCAL IMPACT.			

D)	CHARGE TO:	DEPARTMENT ACCOUNT(DA)	CONTINGENT FUND (CF)
		CAPITAL PROJECTS FUND (CPF)	SPECIAL PURPOSE ACCOUNTS (SPA)
		PERM. IMPROVEMENT FUNDS (PIF)	GRANT & AID ACCOUNTS (G & AA)
		OTHER (SPECIFY)	

E) PURPOSE	SPECIFY TYPE/USE	ACCOUNT	EXPENDITURE	REV ENUE	SAVINGS
SALARIES/WAGES:					
SUPPLIES:					
MATERIALS:					
NEW EQUIPMENT:					
Equipment repair:					
OTHER:			\$922,706	\$628,121	
TOTALS			\$922,706	\$628,121	

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:		
Expe	Expenditures above include the amount of \$294,585 of city share.		

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