## **CITY OF MILWAUKEE FISCAL NOTE**

A)	DATE		11/2	/09		FILE	NUMBER:	090920	
						Origi	inal Fiscal Note x	Substitute	
SUB	JECT:		tion cert system	-	ambulance servi	ice providers	for the cityw	ide emergenc	y medical
В)	SUBMI	TTED BY (N	lame/title/de	ept./ext.):	Linda Elmer, Common Council/City Clerk's Office				
C) CHECK ONE:  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.  X NOT APPLICABLE/NO FISCAL IMPACT.									
D)	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)	PURPO	DSE		SPECIF	Y TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
SAL	ARIES/W	AGES:							
SUP	PLIES:								
MAT	ERIALS:								
NEV	V EQUIPI	MENT:							
EQU	JIPMENT	REPAIR:							
ОТН	IER:								
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<b>-</b> `	F05 =::	DENISIT	-0.415.55	/ENILIES:	MINOLINANI L. 000115 51		0.0/55.05/55.1	VEADO OUES:: =:	
F)					VHICH WILL OCCUR ON LIST EACH ITEM AND D			YEARS CHECK THE	:
	711 1 101	11,7112 207	( DEEO	10 111211	2101 27101111211171112	3022/11(711/1001(1)			
	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)	COMP	ΙΙΤΔΤΙΩΝΟΙ	ISED IN AP	RIVING A	T FISCAL ESTIMATE:				
-''	SOMI	CIAHONO	COLD III AN	M	IOOAL LOTIMATE.				

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE									