CITY OF MILWAUKEE FISCAL NOTE

A)	DATE		June	1, 20	10		FILE	NUMBER:	100032		
							Origi	nal Fiscal Note X	Substitute	7	
SUBJECT: Substitute resolution amending Common Council File #090441 relative to application, acceptance and funding of the Medic (MA) Outreach ForwardHealth Grant from the State of Wisconsin Department of Health Services.									dical Assistance		
B)	SUBMITTED BY (Name/title/dept./ext.):							Manager, X3997			
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.										
	NOT ALL LICABLE/NOT ISOAL IIVIFACT.										
D)	CHARGE TO: DEPARTMENT ACCOUNT(DA)						CONTINGENT FUND (CF)				
			CAP	ITAL	PRO	JECTS FUND (CPF)		SPECIAL PURPOSE ACCOUNTS (SPA)			
			PER	M. IM	PRO	VEMENT FUNDS (PIF)	X	X GRANT & AID ACCOUNTS (G & AA)			
	OTHER (SPECIFY)										
E)	PURPO	SE		SF	PECI	FY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS	
SAL	ARIES/W	AGES:									
CLID	DI IEC.										
SUPPLIES:											
MAT	ERIALS:										
NEW	EQUIPN	MENT:									
EQU	IPMENT	REPAIR:									
ОТН	ER:							\$19,700	\$19,700		
<u> </u>								\$10,100	ψ.ο,. σο		
TOT	ALS							\$19,700	\$19,700		
F)	FOR EX	PENDITUR	RES AND RE	EVEN	UES	WHICH WILL OCCUR ON	AN ANNUAL BASI	S OVER SEVERAL	YEARS CHECK THE		
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.											
-				I -							
L	1-3 YEARS			<u> </u>		3-5 YEARS					
	1-3 YEARS 1-3 YEARS			<u>L</u> Г		3-5 YEARS 3-5 YEARS					
L L	1-3	ILARO		Į L		J-J ILANG					
O) LIGH ANY ANTIQUATED FUTURE COOTS THE PROJECT WILL DECLINE FOR COMPLETION											
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:											
H) COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE: Department Estimates											
H)	COMPL	JIAIIONS	OSED IN A	KKIV	ING	AI FISCAL ESTIMATE: De	epartment Estimat	es			
PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE											