A) DATE	O OF MILWAU		ALI TE	100204	770 (1127) 0.00
A) DATE	July 14, 2010		inal Fiscal Note x	Substitute	7
	zes the City to execute a three year contract with \option to extend for two years.	Vorkforce Health for	a comprehensive wel	Iness program for a	three year period
B) SUBMITTED BY	/ (Name/title/dept./ext.):Michael Brady, Dir	ector of Employee B	enefits, DER, 2317	·	
C) CHECK ONE:					
4	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:	DEPARTMENT ACCOUNT(DA)	CONTINGENT FUND (CF)			
	CAPITAL PROJECTS FUND (CPF)		CIAL PURPOSE ACCOUNTS (SPA)		
	PERM. IMPROVEMENT FUNDS (PIF) GRANT & AID ACCOUNTS (G & AA)				
	OTHER (SPECIFY)				
E) PURPOSE	SPECIFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
SALARIES/WAGES:	1 0 000				
SUPPLIES:					
MATERIALS:					
NEW EQUIPMENT:					
EQUIPMENT REPAIR:					
OTHER:		0001 0165		·	-
OTNEK.	Workforce Health Administrative Fees	S101 006100	\$1,500,000		
TOTALS					
-	RES AND REVENUES WHICH WILL OCCUR OF			EARS CHECK THE	
APPROPRIATE B	OX BELOW AND THEN LIST EACH ITEM AND D	DOLLAR AMOUNT S	PEPARATELY.		
1-3 YEARS	3-5 YEARS	T		~1.	
1-3 YEARS	3-5 YEARS		*		
1-3 YEARS	3-5 YEARS				
G) LIST ANY ANTIC	CIPATED FUTURE COSTS THIS PROJECT WILI	. REQUIRE FOR CO	OMPLETION:	<del></del>	
				(S)	<del></del>
H) COMPLITATION	S LISED IN APPIVING AT EISCAL ESTIMATE.				

The vendor will be paid a percentage of the savings.