



## Administrative/Fiscal Note

**Part I.**

|   |   |
|---|---|
| <b>Date:</b>  | <b>File/Resolution Number:</b>  |
|   | Original: <input type="checkbox"/> Substitute: <input type="checkbox"/> |
| <b>Title:</b>   |   |
|   |   |
| <b>Submitted By (Name, Title, Department, Ext.)</b>                             |   |
|   |   |
| <b>Description:</b>   |   |
|   |   |
| <b>Mandate:</b>   | <b>Sunset?</b>  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (attach documentation) | <input type="checkbox"/> No <input type="checkbox"/> Yes – term?        |

**Part II.**

|   |   |
|---|---|
| <b>This file (check all that apply):</b>                              |   |
| <input type="checkbox"/> Increases previously authorized expenditures | <input type="checkbox"/> Decreases previously authorized expenditures |
| <input type="checkbox"/> Increases city services                      | <input type="checkbox"/> Decreases city services                      |
| <input type="checkbox"/> Increases revenue                            | <input type="checkbox"/> Decreases revenue                            |

**Part III.**

| Purpose            | Specify type/use | Expenditure | Revenue | Ongoing | 1-3 yrs | 3-5 yrs |
|--------------------|------------------|-------------|---------|---------|---------|---------|
| Salaries/Wages     |                  | \$          | \$      |         |         |         |
| Fringe Benefits    |                  | \$          | \$      |         |         |         |
| Supplies/Materials |                  | \$          | \$      |         |         |         |
| Equipment          |                  | \$          | \$      |         |         |         |
| Services           |                  | \$          | \$      |         |         |         |
| Other              |                  | \$          | \$      |         |         |         |

|   |
|---|
| <b>Assumptions used in arriving at fiscal estimate:</b> |
|   |

Part IV.

Revenue Source:

- Department Account # \_\_\_\_\_
- Grants    Matching    Fees    TIF    Contingent Fund
- Other, list: \_\_\_\_\_

Part V.

Impacts

Does this impact citizens or businesses in the City?  No  Yes – Describe impact:

Does this impact employees or operations?  No  Yes – Describe impact:

What are the goals?

What are the performance criteria?

Describe Timetable:

Miscellaneous

Does this require new positions?  No  Yes, how many?

Information Technology resources needed?  No  Yes – describe:

Part VI.

Performance Measurement Review Requested by committee or Common Council?  Yes  No

Timeline for review: \_\_\_\_\_