



Fiscal Note Form

Part I.

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

Part II.

This file (check all that apply):	
<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		\$	\$			

Assumptions used in arriving at fiscal estimate:

Part IV.

Revenue Source:

Department Account # _____

Grants Matching Fees TIF Contingency Fund

Other, list: _____

Part V.

Impacts	
Does this impact citizens or businesses in the City? <input type="checkbox"/> No <input type="checkbox"/> Yes – Describe impact:	
Does this impact employees or operations? <input type="checkbox"/> No <input type="checkbox"/> Yes – Describe impact:	
What are the goals?	
What are the performance criteria?	
Describe Timetable:	
Miscellaneous	
Does this require new positions? <input type="checkbox"/> No <input type="checkbox"/> Yes, how many?	
Information Technology resources needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes – describe:

Part VI.

Performance Measurement Review Requested by committee or Common Council? <input type="checkbox"/> Yes <input type="checkbox"/> No
Timeline for review: _____