



Administrative/Fiscal Note



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? 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: _____