SUBJECT	DEPARTMENT			DEPARTMENT IDENTIFICATION
Administrative/Fiscal Note	Administration & Finance			1100
	SECTION	PAGES	EFFECTIVE DATE	REVISION DATE
	1106	1	12/1/97	

1.0 PURPOSE:

To describe the procedures to be followed by City departments/divisions for preparation of the City's Administrative/Fiscal Note.

2.0 ORGANIZATIONS AFFECTED:

This policy applies to all City of West Allis departments, divisions, offices, boards, and committees.

3.0 POLICY:

It is the policy of the City to require an administrative/fiscal note on certain subjects being presented to the Common Council for action.

4.0 REFERENCES:

None

5.0 PROCEDURES:

5.1 RESPONSIBILITY

5.1.1 The City Clerk/Treasurer shall require the form to be in the Common Council file jacket at the time the item is placed on the Common Council agenda.

5.1.2 The Mayor shall review the Common Council agenda to assure that the form is in the Common Council file jacket.

5.2 GENERAL POLICIES

5.2.1 The attached Administrative/Fiscal Note form (1 page) shall be used to present said information.

5.2.2 The attached instructions for said form (3 pages) shall be followed in completing it.

City of West Allis Administrative / Fiscal Note

A)

Date:	File Number:	Ordinance No. or Resolution No. if applicable:
Submitted By: (name/title/dept):		
Program Name or Request:		
Mandate Y or N (IF YES ATTACH DOCUMENTATION)		Sunset? -(term)
Population Served: (city wide or partial):		

B)

Description:

Goals:

Objectives:

Alternatives Available:

Describe any Administrative considerations.

C)

Revenue Source: ☐ Property Tax ☐ Grants ☐ Matching ☐ Fees ☐ Other (list) ☐ TIF

D)

Expenditures	Specify Type/Use	Local Govt Funding		Other Funding
Personnel				
Related Fringe Benefits				
Equipment				
Administration				
Other (supplies,travel,etc.)				
Totals:				

Does this request require new positions: Y N

ADMINISTRATIVE/FISCAL NOTES

Instructions

1. **WHEN REQUIRED.**

   a. The following subjects are exempt from filling out of the City of West Allis Administrative/Fiscal Note: construction projects, tavern & bartending licenses, capital purchases approved in the operating budget.

   All ordinances, resolutions and communications dealing with the following subjects require the filling out of the City of West Allis Administrative/Fiscal Note: Grants, Program, Labor Contracts, Projects, Services, Developments, Loans, Reorganizations, Buildings.

   b. The responsible city Department/Division/Office involved shall attach an administrative/fiscal note to each ordinance, resolution or program introduced to the Common Council. No ordinance, or program shall be referred to committee until such administrative/fiscal notes have been received.

   c. Each ordinance, resolution or program originating in committee and to which an administrative/fiscal note has not been attached, but which is to be presented to the Common Council for passage, adoption, or approval, shall be referred by the City Clerk to the responsible city Department/Division/Office most directly concerned for the attachment of an administrative/fiscal note. Such ordinance, resolution or program shall not be presented by the City Clerk to the Common Council for passage, adoption or approval until such administrative/fiscal notes have been received.

2. **FORM.**

   Each administrative/fiscal note shall be prepared on a form approved by the Administration & Finance Committee and supplied by the City Administrative Officer.

   A. Date/File Number/Ordinance No.
   Enter the date, file number and ordinance number of the requested proposal.
   Submitted By:
   Enter the name and department of the person preparing the fiscal note.
   Program Name/Request
   Enter the name of the program or request being presented to the Council.
   Mandate
   Note if this program or request is mandated. Please attach relevant documentation.
   Sunset
   Note if there is a specific time frame involved.
   Population
   Describe the portion or total of population served by this proposal.

B. **Description**
Describe the subject and purpose of the project/program.
Goal/Objective
Describe the goal or objective to be accomplished in the request.
Alternatives
Note if there are any alternatives to the proposal that were or can be considered.
Administrative Concerns
Describe any possible administrative concerns, such as the effect on other Departments/Divisions/Offices, operational considerations, paperwork, support, etc.

C. **Revenue Source**
Identify the source of funds available in budget.
(Check the appropriate box(es).)

D. **Expenditures**
List the type and use of expenditures by the categories noted, also note local government/other funding availability to finance the project/program and expenditures.

New Positions
Note, if this request is granted, if it will require the need for new positions. If so, identify such.

3. **Post Review/Evaluation of Subjects**

The attached review/evaluation form will be used to analyze the program after it is finalized, completed, or implemented. In filling out the form, the Department Head should check the appropriate boxes and provide an explanation in narrative form. The Mayor and Common Council will review the statement.

Annual Administrative / Fiscal Note Review

Dept :
File Number:
Program:
Original Approval Date:

	Yes	No
Was the goal accomplished?	☐	☐
explain		
Were the objectives met?	☐	☐
explain		
Were performance criteria met?	☐	☐
explain		
Were City / community expectations met?	☐	☐
explain		
Was timetable met?	☐	☐
explain		

Number of participants served:

Did the program perform within budget?	☐	☐
explain		

Recommendations:

Submitted By: _____ Dept Head

Reviewed By: _____ Mayor