

OPERATING/PROGRAMMATIC

Legislative Fiscal Note

Ordinance Number _____

Ordinance Title (in Brief)

Children with Special Health Care Needs

Does this Legislation Estimate New or Additional Revenues to the City?

No

Yes

If yes, please identify in which Fund these revenues will be deposited (e.g. General, Sales Tax) and provide the following revenue information:

Revenue Detail	FY 2019
General Fund	
Govt Grant Funds	0
Enterprise	
Total:	\$ 0

Does this Legislation increase appropriations in the current budget?

No

Yes

If Yes, please complete the following budget information:

	FY 2019
General Fund	
Govt Grant Funds	0
Enterprise/Other	
Total:	\$ 0

Does this Legislation expand the scope of current city services?

No

Yes

(Please detail estimate number of people to be served, who is delivering services currently to that population, service performance expectations, and if grant supported, provisions for support if grant support ends.)

Is this legislation the result of a federal or state legislative mandate?

No

Yes

(If yes, please detail the purpose and source for that mandate).

Office of Management and Budget

OMB Approval Date _____

Reviewed by: _____