FORM 5A YEAR 2009 TOTAL AGENCY ANTICIPATED REVENUE

AGENCY NAME

Control Acct. No.	(A) Revenue	(B) 2007 Actual	(C) 2008 Revenue Budget	(D) 2009 Revenue Budget	(E1) (program) Revenue Budget	(E2) (program) Revenue Budget	(E3) (program) Revenue Budget	(E4) (program) Revenue Budget	(E5) (program) Revenue Budget	(E6) (program) Revenue Budget	(F) Indirect Costs Revenue Budget	(G) Other Contracts Prog. & Func. Revenue Budget*
4000	Contributions and Donations											
4100	Contributions to Building Fund											
4200	Special Events											
4300	Legacies and Bequests											
4500	Collected through Local Member Units											
4600	Contributed by Associated Organizations											
4700	Allocated by Federated Fund Raising Organizations											
4800	Allocated by Unassociated and Non-Federated Fund Raising Organizations											
5100	Other Government Purchase of Service (DO NOT INCLUDE ANY REQUESTS FROM DHHS)											
5200	Grants from Other Governmental Agencies (DO NOT INCLUDE ANY REQUESTS FROM DHHS)											
5300	Revenues from HMO and PPO											
6000	Membership Dues											
6100	Assessments and Dues-Local Member Units											
6200	Program Service Fees-Other											
6300	Intra-Agency Sales of Supplies and Services											
6400	Revenues from Disposal of Assets											
6500	Investment Income											
6600	Gains (and Losses) on Investment Transactions											
6900	Miscellaneous Revenue											
	TOTAL NON-DHHS CONTRACT REVENUE											
	DHHS CONTRACT REQUEST											
	TOTAL REVENUE											

Date Submitted:

* Use Other Contracts Programs & Functions, column G for all non-Milwaukee County programs or functions