FINANCE & PERSONNEL COMMITTEE CONTINGENT FUND REQUEST INFORMATION FORM

DEPT.: Department of Employee Relations, Employee Benefits, Workers Compensation CONTACT PERSON & PHONE NO.: Michael Brady, 2317

A .	. REASON FO	R REQUEST (Refer to File 921360 for definitions)
	CHECK ONE:	EMERGENCY CIRCUMSTANCES OBLIGATORY CIRCUMSTANCES
		FISCAL ADVANTAGE/COMPLIANCE WITH FISCAL MANAGEMENT PRINCIPALS
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3. SI	UPPORTING I	NFORMATION
Co	ntingent Fund appr	sted, including the dollar amount and specific departmental accounts(s) to which the copriation would be made. esting that costs incurred in 2001 and paid in 2002 be paid with contingent funds from the continue of the con
fur	ate the purpose of the ding, as well as the tee 2001 expenses t	ne action requested which includes the program, service or activity to be supported by the objective(s) to be accomplished. to 2001 funds.
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		ances which prompt the request. uses to 2001 funds.
	nat are the <u>conseque</u> r reporting of exp	ences of not providing the program, service, or activity which is funded by this request? enses.
. EX	piain why funds au	thorized in the Budget are insufficient to provide for the program, service, or activity in

Expenses in 2001 were higher than projected based on increased medical costs associated with Workers Comp.

5a	. Are there any unexpended funds in the departmental control account for which this appropriation is requested, that could be used to fund this request? N_0
5b No	. What are the consequences of using budgeted operating funds for this request?
	State why funding was not included in the Budget. sts were higher than projected for 2001.
7.	Will the conditions prompting the request be limited to the current year, or will they continue into the following year? Medical costs continue to escalate in 2002.
8.	Has your department made a similar Contingent Fund request in previous years?
	*If yes, what is the most recent year the request was made?
9.	Will this funding be used to implement provisions of a collective bargaining agreement? YES NO
10.	Will the funding being requested provide a <u>level of service authorized</u> by the Budget? YES NO
	*If yes, why can't your department accomplish the authorized service level with the authorized funding level?
11.	Will the requested funding provide a level of service higher than that authorized by the Budget? YES NO
	*If yes, why is a higher service level necessary?
	*What is the estimated amount of <u>additional service units</u> to be provided if the entire Contingent Fund request is approved?

chang	performance measures and sub-measures are affected by this request, and what are the anticipated es if the entire Contingent Fund request is approved?
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13. What	reductions to performance measures are expected if the request is <u>not</u> approved?
14. Is any	grant funding associated with the program service, or activity pertaining to the request? YES NO
1 15 <u>uni</u>	NO
*If ye	s, name the grant and current year amount.
1.5 33711.7	
15. Will t	he program, service, or activity affect any electronic <u>data processing system?</u> YES NO
	The following questions only apply to Contingent Fund requests which
	transfer appropriations into capital purpose accounts:
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16. Does	
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١.	Was this project in	ncluded in the Department's <u>Budget request</u> ?	☐ YES NO
	*If not, why not?	Costs higher than projected.	
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		FOR YOUR COOPERATION. PLEASE SEND COPIES OF YO	

Special Assistant, Finance & Personnel Committee, Room 205, City Hall (1 COPY) Fiscal Research Manager, LRB-Common Council, Room B-11, City Hall (2 COPIES)

Budget & Management Director, DOA, Room 307, City Hall (2 COPIES)