

CC-8

**FINANCE & PERSONNEL COMMITTEE**  
**CONTINGENT FUND REQUEST INFORMATION FORM**

DEPT.: Neighborhood Services CONTACT PERSON & PHONE NO.: Jeffrey N. Crouse, # 2563

**A. REASON FOR REQUEST (Refer to File 921360 for definitions)**

- CHECK ONE:     EMERGENCY CIRCUMSTANCES  
                   OBLIGATORY CIRCUMSTANCES  
                   FISCAL ADVANTAGE/COMPLIANCE WITH FISCAL MANAGEMENT PRINCIPALS

**B. SUPPORTING INFORMATION**

1. State the action requested, including the dollar amount and specific departmental account(s) to which the Contingent Fund appropriation would be made.

Add \$50,000  
Add \$50,000 to the Special Purpose Account S-147 Maintenance of Essential Services to correct emergency conditions cited under the Essential Services Ordinance 200-21.

2. State the purpose of the action requested which includes the program, service or activity to be supported by the funding, as well as the objective(s) to be accomplished.

The Department of Neighborhood Services inspects individual properties and when emergency conditions exist and the owners can not or will not make repairs, the Department is authorized to contract with outside vendors for repair work. The costs are placed on the taxroll in addition to a DNS administrative charge( when appropriate).

3. Describe the circumstances which prompt the request.

Conditions corrected include but are not limited to: collapsed sewer laterals, furnace needing repair or replacement, certain electrical hazards, and non-working plumbing fixtures.

4. What are the consequences of not providing the program, service, or activity which is funded by this request?

Owners would not be able to repair the conditions in a timely manner. Tenants would be placed in situations that pose a substantial threat to their health, safety, and welfare.

5. Explain why funds authorized in the Budget are insufficient to provide for the program, service, or activity in question.

In 2001, there has been an unanticipated increase in the number of sewer lateral repairs.

5 a. Are there any unexpended funds in the departmental control account for which this appropriation is requested, that could be used to fund this request?

Situation listed in #5 was not anticipated, no additional funds available.

5 b. What are the consequences of using budgeted operating funds for this request?

Unavailability of funds needed for other budgeted expenses.

6. State why funding was not included in the Budget

Situation listed in #5 was not anticipated.

7. Will the conditions prompting the request be limited to the current year, or will they continue into the following year?

Unknown.

8. Has your department made a similar Contingent Fund request in previous years?



YES



NO

\* If yes, what is the most recent year the request was made? 1999

9. Will this funding be used to implement provisions of a collective bargaining agreement?



YES



NO

10. Will the funding being requested provide a level of service authorized by the Budget?



YES



NO

\* If yes, why can't your department accomplish the authorized service level with the authorized funding level?

See answers to #5 and # 5a

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 additional service units to be provided if the entire Contingent Fund request is approved?

Unknown. The number of additional service units will be based on the type and quantity of repairs being done.

12. What Performance Measures and sub-measures are affected by this request, and what are the anticipated changes if the entire Contigent Fund request is approved?

No quantifiable impact on performance measusres since funding is in a special purpose account.

13. What reductions to performance measures are expected if the request is not approved?

Same as # 12.

14. Is any grant funding associated with the program, service, or activity pertaining to the request?  YES  NO

\* If yes, name the grant and current year amount.

15. Will the program, service, or activity affect any electronic data processing system?  YES  NO

**The following questions only apply to Contigent Fund requests which transfer appropriations into capital purpose accounts:**

16. Does this request transfer an appropriation into a capital purpose subaccount?  YES  NO

\* If yes, are similar projects planned and funding available in a capital purpose (parent) account for the current year?

17. Why is the project for which Contigent Funds are requested more important than other similar projects?

18. Does this request fund a project outside the normal order of planned projects of a kind which are funded through a capital purpose (parent) account for the current year?  YES  NO

\* If yes, what is the consequence of deferring the lowest priority planned project until next year?

19. Was this project included in the Department's Budget request?

YES

NO

\* If not, why not?

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**C. THANK YOU FOR YOUR COOPERATION. PLEASE SEND COPIES OF YOUR RESPONSE TO:**

STAFF ASSISTANT, ROOM 205, CITY HALL (6 COPIES)  
SPECIAL ASSISTANT, FINANCE & PERSONNEL COMMITTEE, ROOM 205, CITY HALL  
FISCAL RESEARCH SUPERVISOR, ROOM B-4, CITY HALL (2 COPIES)  
BUDGET & MANAGEMENT DIRECTOR, ROOM 307, CITY HALL (2 COPIES)

**If you have any questions about the completion of this form, you may call the  
Fiscal Research Supervisor at extension 2299.**