

CC-8

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

DEPT.: DPW/Operations/ CONTACT PERSON & PHONE NO.: Venu J. Gupta - phone: 286-3401
Buildings & Fleet Services

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.

The action requested was the purchase and installation of 170 "No Smoking" signs and 60 ash urns at a total cost of \$13,776.50. The number of signs and urns will be verified. \$5,000 is required for the installation of signs and ash urns.

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.

Common Council action by file number.

3. Describe the circumstances which prompt the request.

The need for "No Smoking" signs and ash urns.

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

Smoking in unauthorized places and cigarette butts on floors.

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

Funds were not allocated in the Department of Public Works for this purpose.

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?

No.

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

Using operating funds for this request would deplete allocated funds for operation and maintenance of our facilities.

6. State why funding was not included in the Budget

Project was not specified or known.

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

They will be for the current year.

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? _____

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?

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?

None.

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

Performance measures and sub-measures are not affected.

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

None.

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 Contingent 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?

No similar projects are planned or funded.

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

This is a Common Council directive.

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?

This project was not known.

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.**