

FINANCE & PERSONNEL COMMITTEE  
CONTINGENT FUND REQUEST INFORMATION FORM

DEPT.: CC-LRB

CONTACT PERSON & PHONE NO.: M. Walsh, Fiscal Mgr., x8686

**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.

Res. authorizes proper City officials to contract with Gallagher Benefit Services for review of City's medical benefit plan intended to provide baseline coverage data, identify gaps in benefits and gather/collect a range of benefit info. The contract will cost \$118,000. Funds to be transferred to City Clerk's Service Account.

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 ultimate objective is to utilize the consultant's final recommendations to provide high quality health care to City's employees and retirees, but more efficiently and more cost effectively.

3. Describe the circumstances which prompt the request.

Health care benefit costs are the fastest growing segment of the City budget.

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

If the City does not contract with an outside consultant to review its health care benefits, related costs will continue to soar which negatively impacts the tax levy.

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

There are no funds available for such 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?

A shortfall would occur in the City Clerk's budget.

6. State why funding was not included in the Budget

Not foreseen when the 2001 budget was being prepared.

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

Health care benefit costs will continue to increase every year, unless the City implements changes related to its health benefit program.

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?  
\_\_\_\_\_  
\_\_\_\_\_

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?

N/A

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

N/A

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?

17. Why is the project for which Contingent 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.**