

FINANCE & PERSONNEL COMMITTEE
CONTINGENT FUND REQUEST INFORMATION FORM

DEPT.: **Comptroller**

CONTACT PERSON & PHONE NO.: **Beverly LaFlex, x2308**

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 accounts(s) to which the Contingent Fund appropriation would be made.

Transfer appropriations from the Contingent Fund to Non-departmental Account within the Contingent Fund (C0xx) in the amount of \$ 1,477.00.

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 purpose of this action is to provide appropriations to record the adjustment to actual of the various cash accounts held by departments.

3. Describe the circumstances which prompt the request.

To record the adjustment of the City's cash accounts to actual as confirmed by the individual departments.

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

The City's cash accounts would be overstated.

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

No funds were budgeted for this unforeseen reconciliation.

- 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?

No. This would be a non-departmental account.

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

Not Applicable.

6. State why funding was not included in the Budget.

Not applicable

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

Current Year Only.

8. as 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?

Not Applicable. This is a non-departmental account.

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?

Not Applicable. This is a non-departmental account

*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?

Not Applicable. This is a non-departmental account.

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

Not Applicable. This is a non-departmental account.

14. s 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?

**If you have any questions about the completion of this form, you may call the
Fiscal Research Manager at extension 8686.**

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

D. Staff Assistant, Finance & Personnel Committee, Room 205, City Hall (6 COPIES)

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)