FINANCE & PERSONNEL COMMITTEE CONTINGENT FUND REQUEST INFORMATION FORM

PT.:	Comptroller		CONTACT PERSON & PHONE NO.:- B. La Flex, x2308
. RI	EASON FOR R	EQUEST	(Refer to File 921360 for definitions)
	CHECK ONE:	□ ЕМЕ	RGENCY CIRCUMSTANCES
		⊠ OBLI	IGATORY CIRCUMSTANCES
		☐ FISC	CAL ADVANTAGE/COMPLIANCE WITH FISCAL MANAGEMENT PRINCIPALS
SU	PPORTING INF	ORMATI	ON
ар	propriation would be	made.	g the dollar amount and specific departmental account(s) to which the Contingent Fund
			ELIEF FUND (S-133) in the amount of \$13,786.16
	Obligations to pa	this action ay 1/8 of t	n is to provide additional appropriations to meet Charter the City's portion of fire insurance premiums received from the elief Association.
F	scribe the circumstar Payment to Fire appropriations.	=	prompt the request. Elief Association can not be processed due to insufficient
			providing the program, service, or activity which is funded by this request? Appliance with Charter obligations.
E	<u>-</u>		Budget are insufficient to provide for the program, service, or activity in question. estimated revenue. Actual revenue received is greater than

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 is a special purpose account (non-departmental)								
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 Funding was included in the amount of \$115,000.00								
	Payment obligation 128.786.16								
	Additional Funds Required \$13,786.16								
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.	Has your department made a similar Contingent Fund request in previous years?	\boxtimes	YES	□ NO					
	*If yes, what is the most recent year the request was made? 2004								
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?								
	Not Applicable. This is a non-departmental special purpose account.								
11.	Will the requested funding provide a <u>level of service higher than that authorized</u> 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 I	-und re	equest is	approved?					

Purpose Account
asures are expected if the request is <u>not</u> approved?
Purpose Account
the program, service, or activity pertaining to the request?
affect any electronic <u>data processing system</u> ? ☐ YES ☒ NO
g questions only apply to Contingent Fund requests which asfer appropriations into <u>capital purpose accounts</u> :
priation into a <u>capital purpose subaccount</u> ?
and funding available in a capital purpose (parent) account for the current year?
ent Funds are requested more important than other similar projects?
side the normal order of planned projects of a kind ourpose (parent) account for the current year?
deferring the lowest priority planned project until next year?

Was this project included in the Department's <u>Budget request</u> ?	☐ YES	□ NC
*If not, why not?		
THANK YOU FOR YOUR COOPERATION. PLEASE SEND COPIES OF YO	OUR RESPONSE TO:	
STAFF ASSISTANT, ROOM 205, CITY HALL (6 COPIES) SPECIAL ASSISTANT, FINANCE & PERSONNEL COMMITTEE	, ROOM 205, CITY HAL	
FISCAL RESEARCH SUPERVISOR, ROOM B-4, CITY HALL (2 BUDGET & MANAGEMENT DIRECTOR, ROOM 307, CITY HAL	L (2 COPIES)	