Request to Increase Departmental Budget Dollars

Effective October 1, 2015 (Resolution # 15-2922), the City Administrator and Council President must pre-approve all increases of departmental budget dollars prior to expenditure of funds or submission to council. After the City Administrator and Council President give approval, the request must go to council approval prior to the expenditure of funds. Form must be provided to City Clerk, so she can obtain signatures at the council meeting.

Resolution #	Signature	Date
Budget Adjustment Posted:	Finance Department Use Only:	1
	Signature	Date
Approval by Council President		
Approval by Council President	-	
	Signature Signature	3/16/23 Date
Approval by City Administrator		
•		
\$108,500	400-3020-4208 SS4A Action Plan Grant	
\$135,625	400-3020-6213 Studies (A15 SS4A)	
Amounts of Funds Needed	Account Number & Name	
Accept SS4A grant award	and increase revenue and expense a	accounts accordingly.
Reason for Increase:		
	is required.	Signature & Date
If Personnel Accounts Approval	from Human Resources Director is required.	
Date Submitted	3/14/23	
Budget Category	Capital	•
Department	Engineering	Signature
Department Head	Chad Christian	(4)
Complete items below and subm must be submitted in Legistar rec	it to the City Administrator and Council President questing the Mayor and Council to amend the bu	nt. Once the request is approved, a Resolution
Instructions:		

***** THIS COMPLETED DOCUMENT MUST BE ATTACHED TO AGENDA REQUEST IN LEGISTAR *****

Please complete all	questions below and submit to Mike Thompson and way	ne Trawick for approval.
Submitted by:	Chad Christian	
Date Submitted:	3/14/2023	
Is this project listed	on the capital projects plan in the approved budget?	No
What amount is app	roved in the plan for this project?	0
In what year is this project shown to begin in the plan?		None
	roject and why the project needs to be completed at this is for All grant to conduct safety action plan.	ime.
Can your job be per Yes, but grant will b	formed without the completion of this project? Please ex e forfeit	
	this project cause a public safety issue? Please explain be studing how to make our streets and intersections safe	
Do you expect to con Estimated to be at co	me in, at, or under budget on this project? Please explain ost	
	residuated with this project? Yes We the grant amount and the match required by the City.	
	`	
Approval by City Ac	lministrator Ny	
Signature and Date		
Approval by Counci	President	
Signature and Date		
	unt number/project number in order to complete your A ll (mbell@cityoffoley.org) and to Sue Steigerwald (sstet	

*****THIS COMPLETED FORM MUST BE ATTACHED TO THE AGENDA ITEM IN LEGISTAR******

Capital Project Worksheet

Directions: