Request to Increase Departmental Budget Dollars

Instructions:

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.

Complete items below and submit to the City Administrator and Council President. Once the request is approved, a Resolution

must be submitted in Legistar reque	esting the Mayor and Council to amend the bu	dget.
Department Head	Mike Thompson	helithy
Department	Gen Gov	Signature
Budget Category	Capital	,
	F 107 10 4	
Date Submitted	5/27/21	-
If Dergonnal Accounts Annuaral for	om Human Resources Director is required.	
ii reisonnei Accounts, Approvai ii	on ruman resources Director is required.	Signature & Date
Reason for Increase:		orginatare & Date
	with Phase 1 being \$60,000 (75% grant fu	nded \$45,000 & 25% City funded \$15,000)
		50,000 and 25% being City funded \$50,000).
	05,000 in revenue will offset these e	
responsible for \$65,000.	and an evenue will ender those of	Aponoco. Cor win only bo
Ισοροποιοίο τοι φοσ,σσο.		
Amounts of Funds Needed	Account Number & Name	
\$260,000	400-9200-5100 (HMGP Safe Room)	
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	-	
Approval by City Administrator	O I \supset	And An 5/28/21
	me law	BUET 01-9-1
	Signature	Date
Approval by Council President		
	Signature	Date
	ند وجد بر بیست بر میست به بسید به میست به میست به بسید بر است	
	Finance Department Use Only:	
Budget Adjustment Posted:		
Resolution #	Signature	Date

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

<u>Directions:</u> Please complete all questions below and submit to Mike Thompson and Way	ne Trawick for approval.
Submitted by: Mike Thompson	
Date Submitted: 5/27/2021	
Is this project listed on the capital projects plan in the approved budget?	No
What amount is approved in the plan for this project?	n/a
In what year is this project shown to begin in the plan?	n/a
Description of the project and why the project needs to be completed at this to Currently, no facility to house 1st responders during a storm.	ime.
Can your job be performed without the completion of this project? Please exp Yes, but this would provide safe location for 1st responders to go during a hu	olain below. rricane.
Will not completing this project cause a public safety issue? Please explain be Yes, currently first responsders do not have a safe location to go during storm It will also be used for a training facility.	l.
Do you expect to come in, at, or under budget on this project? Please explain At budget	
Is there a grant associated with this project? If so please list below the grant amount and the match required by the City. HMGP Grant will cover 75% of all eligible expenses. In this case grant will p and the City will be responsible for \$65,000	ay for \$195,000
and the City will be responsible for \$65,000	
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Approval by City Administrator  Whe Ryne 5/30/2/	
Signature and Date	
Approval by Council President	
Signature and Date	
If you need an account number/project number in order to complete your A	genda Item, forward this signed

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

form to Miranda Bell (mbell@cityoffoley.org) and to Sue Steigerwald (ssteigerwald@cityoffoley.org)

Capital Project Worksheet