



Legislation Details (With Text)

File #: 24-0204 **Version:** 1 **Name:** A Resolution to Approve Payment for Drug Counselor at the Dream Center for Two Years

Type: Resolution **Status:** Adopted

File created: 3/15/2024 **In control:** City Council

On agenda: 4/15/2024 **Final action:** 4/15/2024

Title: A Resolution to Approve Payment for Drug Counselor at the Dream Center for Two Years

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
4/15/2024	1	City Council	adopted	Pass
4/1/2024	1	City Council	carried over	Pass

A Resolution to Approve Payment for Drug Counselor at the Dream Center for Two Years

Description of Topic: (who, what, where, when, why and how much)

Budgetary Impact:

Non-Capital Item:

___ Budgeted under account # _____ (discussion item)

___ Not budgeted, requesting transfer of \$ _____ from Account # _____ to

Account # _____.**Request to Transfer Departmental Budget Dollars form must be attached**

Not budgeted requiring increase to account # 100-1012-6120 Opioid Settlement Expenses in the amount of \$25,000 in FY 2024 and \$25,000 in FY 2025.**Request to Increase Departmental Budget Dollars form must be attached**

Capital - Departmental **Capital Purchase Worksheet form must be attached**

___ Budgeted under account # _____ for \$ _____ and described in budget as

_____. Additional amount needed, if any: Increase in budget of \$ _____ OR, transfer of \$ _____ from Account # _____ to Account # _____**Request to Increase OR Request to Transfer Departmental Budget Dollars form must be attached**

___ Not Budgeted - account # _____ requires budget increase of

\$ _____.**Request to Increase Departmental Budget Dollars form must be attached**

Capital Project - **If requesting to start a project, a Capital Project Worksheet form must be attached**

In current year Capital Projects Plan:

___ Yes, described as _____, planned amount \$ _____, requesting \$ _____ as total project estimate, including contingencies, under account # _____

_____ No, requesting \$ _____ as total project estimate, including contingencies, under account # _____.

_____ Yes, requesting an increase of \$ _____ to an already approved project titled _____ that is being tracked under Account No. _____.

_____ No, requesting an increase of \$ _____ to an already approved project titled _____ that is being tracked under Account No. _____.

WHEREAS, the City of Foley intends to partner with the Dream Center to invest \$25,000 a year for two years from the City's opioid settlement fund for drug counseling for children and teenagers.

NOW THEREFORE BE IT RESOLVED that the City Council of the City of Foley, Alabama, as follows:

SECTION 1: Approves payment in the amount of \$25,000 per year for two years to the Dream Center from Account No. 100-1012-6120 Opioid Settlement Expenses for drug counseling services for children and teenagers.

SECTION 2: Amends account 100-1012-6120 Opioid Settlement Expense in the amount of \$25,000.

SECTION 3: This Resolution shall become effective immediately upon its adoption as required by law.