Agenda Date:

|  |
| --- |
| September 28,2022 |

Department:

|  |
| --- |
| Public Works |

Agenda File Number:

|  |
| --- |
| 22-1706 |

Cost Consideration Type:  No Cost Consideration  Cost Consideration

Cost Consideration to Others  Future Cost Consideration

Grant  Revenue  Revenue Foregone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funds budgeted for this expenditure (check all that apply)  Operating  Capital  Grant

Appropriations Needed (check all that apply):  Operating  Capital  Grant

General Fund Contingency?  Yes  No  N/A

Funding Summary (insert rows if necessary; insert a new table for each funding category)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Operating | | | | | | | |
|  |  |  |  |  | Add FY  2022 | Add FY  2023 | Future Years |
| Fund | Dept | Unit | Project | Object /RSRC | This Item  (Current Year) | Year 2 Biennial |  |
| 0001 | PBW | 1181 |  | 5011 | $ 5,400.00 | $ 0.00 | $0.00 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | Total | $ 5,400.00 | $ 0.00 | $ 0.00 |
| What is the contract ID number or requisition number? (Enter number or N/A) | | | | | PBW-2022-00018976 | | |

**Position Detail**

Position(s) Authorized?  Yes  No  N/A

Position Summary (Insert rows if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Add FY | Add FY | Future Years |
| Job Title (Position Adjustment Form required) | Salary/Benefits | Year 1 | Year 2 |  |
|  |  |  |  |  |
|  |  |  |  |  |

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**Capital Project Detail**

Capital Summary (Insert rows if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Fund Name or Fund Category | Add FY | Add FY | Future Years |
|  |  | Year 1 | Year 2 |  |
|  |  |  |  |  |

**Operating and Maintenance Detail**

Impact on Operating and Maintenance?  Yes  No  N/A

Future Operating and Maintenance Impact (Insert rows if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Impact | Add FY | Add FY | Future Years |
|  | Year 1 | Year 2 |  |
|  |  |  |  |
|  |  |  |  |

**Other Detail**

Other Summary (Insert rows if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Description (Use this section to describe fiscal impacts not listed above) | Add FY | Add FY | Future Years |
|  | Year 1 | Year 2 |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Form Completed By:

|  |  |
| --- | --- |
| Name | Phone Number |
| Haya Hamdan | 214-671-0242 |
| Gladys G. Facen | 948-4632 |

**Revision Date: December 7, 2021**