

CHECK LIST FOR ALDERMANIC SUBMISSIONS

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Cover Letter |
| <input checked="" type="checkbox"/> | Resolutions/ Orders/ Ordinances |
| <input checked="" type="checkbox"/> | Prior Notification Form |
| <input checked="" type="checkbox"/> | Fiscal Impact Statement - Should include comprehensive budget |
| <input checked="" type="checkbox"/> | Supporting Documentation |
| <input type="checkbox"/> | Disk or E-mailed Cover letter & Order |

IN ADDITION IF A GRANT:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Notice of Intent |
| <input type="checkbox"/> | Grant Summary |
| <input type="checkbox"/> | Executive Summary (not longer than 5 pages without an explanation) |

Date Submitted: Friday, October 31, 2014

Meeting Submitted For: November 17, 2014

Regular or Suspension Agenda: Regular

Submitted By: _____

Title of Legislation: Budget Transfer 137-15-1

Budget transfer of surplus funds in City's contribution to C-Med line item to Labor Relations to fund unanticipated Labor Relations legal expenses associated with Fire Department disciplinary action.

Comments: _____

Coordinator's Signature: Michael A. Custer

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

Call 946-7670 with any questions.