

### 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: 10-1-14

Meeting Submitted For: 10-20-14

Regular or Suspension Agenda: Regular

Submitted By: Joe Clerkin, Budget Director

Title of Legislation: Budget Transfer 131-15-1

Transfer of Funds from Debt Service (Dept. 600) to the Medical Benefits Account (1-805-8510-51809) for payment to the Medical Self Insurance Fund, the Self Insurance Account (1-804-8450-59932) for payment to the Self Insurance Fund and the Rainy Day Replenishment Fund (Dept 601-1010-61200.)

Additional funds available because of the re-funding of previously issued bonds as approved by the Bond Sale Committee on August 20, 2014.

Comments: \_\_\_\_\_

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Coordinator's Signature: Joe Clerkin

Controller's Signature (if grant): \_\_\_\_\_

Mayor's Office Signature: [Signature]

Call 946-7670 with any questions.