## **FISCAL IMPACT STATEMENT**

DATE: FROM (Dept.): CONTACT:	Ma Mic Dire	day, Septembe nagement and chael Gormany ector/Acting Co	Budget , City Budget ontroller		PHONE:	946-6413
SUBMISSION ITEM (Title of Legislation):						
ORDINANCE AMENDMENT PURSUANT TO ARTICLE VIII OF THE CHARTER AND SECTION 2-190 OF THE CODE OF GENERAL ORDINANCES ELIMINATING NEGATIVE LINE ITEM BALANCES						
FOR THE FISCAL YEAR ENDING 6-30-21						
List Cost:	Describe in as	s much detail as p	oossible both pe	rsonnel and no	n-personnel cos	sts; general, capital or
special funds; and source of funds currently budgeted for this purpose.						
					CAPITAL/	
		GENERAL	SPECIAL	BOND	ITEM/DEF	PT/ACT/OBJ CODE
A. Personnel						
1. Initial start up						
2. One-time						
3. Annual		See Attached				
B. Non-personnel						
1. Initial start u	р					
2. One-time						
3. Annual		See Attached				
List Revenues:	Will this iter	m result in any re	venues for the (	City? If Yes, ple	ase list amount	and type.
NO X						
YES YES						
1. One-time						
2. Annual						