

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: Monday, October 15, 2018

Meeting Submitted For: Thursday, November 8, 2018

Regular or Suspension Agenda: Regular

Submitted By: Dr. Byron Kennedy

Title of Legislation: Budget Transfer 301-19-1

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1AUTHORIZING BUDGET TRANSFER #301-19-1 TRANSFERRING FUNDS FROM THE HEALTH SALARY ACCOUNT IN THE AMOUNT OF \$60,000 TO THE TEMPORARY AND PART TIME HELP ACCOUNT FOR TEMPORARY NURSING SERVICES

Comments: _____

Coordinator's Signature: _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

Call 946-7670 with any questions.