

GENERAL FACT SHEET

05R-116

BILL NUMBER

BRIEF TITLE: Contingency Transfer for State Fair

APPROVAL:

DEADLINE:

June 20, 2005

DETAILS:

POSITIONS/RECOMMENDATIONS:

To transfer \$54,000 of appropriations from Contingency, Miscellaneous Other Services and charges (18001.5989) to General Expense, State Fair subsidy, Account 18002.5680 for the payment of the amount due to the State Fair by July 1, 2005.	Sponsor:	Steve Hubka
	<i>Program Departments, or Groups Affected</i>	Contingency
	<i>Applicants/ Proponents</i>	Applicant: Steve Hubka City Department: Finance
<i>Discussion (Including Relationship to other Council Actions)</i>	Opponents	Groups or Individuals: No known opposition: No known opposition Basis of Opposition:
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass
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<i>See discussion.</i>	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <i>This will be the second time the City has made a payment of this nature to the State Fair.</i>
	Operational Impact Assessment	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTION	<i>COST of total project: for now \$54,000</i> <i>COST of this Ordinance/ Resolution not to exceed \$54,000</i>
		<i>RELATED annual operating Costs</i> \$ _____
		<i>No additional appropriations are being made in total.</i>
	SOURCE OF FUNDS	CITY [Approximately] \$54,000 _____ 100% _____ \$ _____ NON CITY [Approximately] \$ _____ % _____ \$ _____
BENEFIT COST <input type="checkbox"/> Front Foot Assessment Average <input type="checkbox"/> Square Foot \$ _____ \$ _____		

APPLICABLE DATES: