REQUEST FOR SUPPLEMENTAL APPROPRIATION

DEPARTMENT: <u>Mayor</u> DIVISION: <u>Mayor's Office of Housing and Community Development</u> DATE: <u>July 22, 2016</u>

To the Mayor:

Request is hereby made for supplemental appropriation from the following appropriation(s) or fund(s) in the amount(s) indicated on the attached summary worksheet.

There are no surpluses in any of this department's appropriations available for transfer for the requested purpose(s). Complete detail as to the necessity for THIS appropriation is stated in attached letter.

APPLICABLE BOXES MUST BE CHECKED

		ncluded capital p Advisory Commi	projects (s.o. 0670 ittee.)0 OR 0	6700); a s	separate o	copy has bee	en sent to the Ch	air, Capital
\boxtimes	These funds h	ave not been pr	eviously requeste	ed.					
	() Supp	vere previously r lemental Approp ed or	priation or () Budget Es				stimate and were The Board of Supervisors.		
		CERTIFIED A	S TO FACTS A	NĐ AM	IOUNTS	AS ABO	VE STATE	D, AND	
RECO	OMMENDED:	Olo	Olo-Lee				(Department Head)		
APPF	ROVED:						(Boa	ard or Commis	sion)
Reco	rded Controller	's Budget Divis	ion						
Ву: _			Date:				Req	uest No	
			FO	R MAY	OR'S USI	E			
To the	e Controller:						•		•
	bove request me priation ordinand	e	roval; as indicated	d above	. You are	hereby re	quested to p	orepare the nece	ssary
	OVED: N.M. LEE	ву:	lout fee			DATE:	8.10.16		
FORM 0	.10 (revised 1/19/12)								