

REQUEST FOR SUPPLEMENTAL APPROPRIATION

DEPARTMENT: San Francisco
Municipal
Transportation Agency

DIVISION: Finance & Information
Technology

DATE: April 20 2015

To the Mayor:

Request is hereby made for supplemental appropriation from the following appropriation(s) or fund(s) in the amount(s) indicated;

APPROPRIATION NUMBER	DESCRIPTION OF APPROPRIATION OR FUND AMOUNT	AMOUNT
Fund:	<u>City and County of San Francisco General Obligation Bonds Transportation and Road Improvement, 2014 – Series 2015A</u>	
	Par amount	\$66,870,000
	Reserve Proceeds	<u>\$670,000</u>
	Total Sources	\$67,540,000

to the credit of the following appropriation(s) or fund(s) in the amount(s) indicated:

APPROPRIATION NUMBER	DESCRIPTION OF APPROPRIATION OR FUND AMOUNT	AMOUNT
Fund: DEPT-DIV-SEC INDEX , PROJECT CHAR/SUB-OBJ	<u>2013 Series Transportation Projects:</u>	
	Transit (5MCPF15A)	\$4,984,334
	Bicycle and Pedestrian (5NCPF15A)	\$44,757,200
	DPW (Better Market Street) (3CSIF15A)	\$8,500,000
	Caltrain (5MCPF15A)	<u>\$7,760,000</u>
	TOTAL PROJECT FUND	\$66,001,534
	City Service Auditor Fee	\$132,003
	CGOBOC Fee	\$66,870
	Cost of Issuance	\$502,418
	Underwriter's Discount	\$167,175
	Reserve for Market Uncertainty	\$670,000
	TOTAL USES	\$67,540,000

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

- This request included capital projects (s.o. 06700 OR 06700); a separate copy has been sent to the Chair, Capital improvement Advisory Committee.
- These funds have not been previously requested

These funds were previously requested by:

Supplemental Appropriation or *Budget Estimate and were*
 reduced or *denied* by The Mavor. or The Board of Supervisors

CERT

**AS ABOVE STATED, AND
(Department Head)**

RECOMMENDED: _____



APPROVED: _____ **(Board or Commission)**

Recorded Controller's Budget Division

By: _____ Date: _____ Request No. _____

FOR MAYOR'S USE

To the Controller:

The above request meets with my approval; as indicated above. You are hereby requested to prepare the necessary appropriation ordinance

APPROVED: _____ **By:** _____ **Date** _____

EDWIN LEE: _____

FORM 0.10 (revised 7/30/96)

**Form 4250 G
CITY AND COUNTY OF SAN FRANCISCO
REQUEST FOR RECLASSIFICATION**

Department, Board or Commission _____

INDEX CODE _____

SUBJECT _____

Line No.	Class and Title	ABOLISHED			CREATED		
		No. of Positions	Rate	Amount	No. of Positions	Rate	Amount
1							
2							
3							
4							
5							
6							
7							

SUBMITTED BY: _____

RECOMMENDED BY: _____

DATE
REVISED: July 2, 2002.