

REQUEST FOR SUPPLEMENTAL APPROPRIATION

DEPARTMENT: Public Health **DATE:** 09/27/19

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
Fund Department ID Authority Project Activity Account	Proceeds from Certificates of Participation (COP) 15383 207982 20455 10035436 0001 480141	\$7,250,000.00

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

APPROPRIATION NUMBER	DESCRIPTION OF APPROPRIATION OR FUND	AMOUNT
Fund Department ID Authority Project Activity Account(s)	15383 207982 20455 10033381 0002 567000 – [Project Fund]	\$5,000,000.00
Fund Department ID Authority Project Activity Account(s)	15383 207982 20455 10035436 0001 581130 – [CSA Audit Fee (0.2% of project fund)]	\$10,000.00
Fund Department ID Authority Project Activity Account(s)	15383 207982 20455 10035436 0001 573610 – [Debt Service Reserve Fund]	\$637,950
Fund Department ID Authority Project Activity Account(s)	15383 207982 20455 10035436 0001 573610 – [Capitalized Interest Fund/CP Interest & Fees]	\$904,800
Fund Department ID Authority Project Activity Account(s)	15383 207982 20455 10035436 0001 573610 – [Costs of Issuance]	\$403,215
Fund Department ID Authority Project Activity Account(s)	15383 207982 20455 10035436 0001 573610 – [Underwriter's Discount]	\$49,035

Fund	15383	
Department ID	207982	
Authority	20455	
Project	10035436	
Activity	0001	
Account(s)	573610 – [Reserve for Market Uncertainty]	\$245,000

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 Mayor, or The Board of Supervisors.

CERTIFIED AS TO FACTS AND AMOUNTS AS ABOVE STATED, AND

RECOMMENDED: _____ (Department Head)

APPROVED: _____ (Board or Commission)

Recorded Controller's Budget Division _____

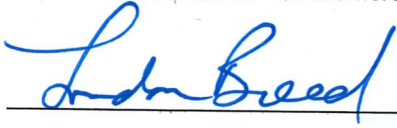
By: _____ Date: _____ Request No. _____

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:
Mayor London N. Breed

BY: 

DATE: 10.7.19

FORM 0.10 (revised 7/30/96)