

## Council Project Request Form V4

Project Name:	Date Of Request:
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Councilmember Name:	Director Assigned:	Secondary Staff Assigned:
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Description Of Project Request: (Attachment OK)

Description of Key Components or Activities of Project Request: (Attachment OK)

### Estimated Project Cost

	Materials, Services, and Staff Time Required <span style="color: red;">(Attachment OK)</span>	Unit /Hour	Subtotal
1)			\$
2)			\$
3)			\$
4)			\$
5)			\$

Subtotal of Project Costs: \$

Additional Project Cost Notes: (Attachment OK)

Total Estimated Project Cost to be Budgeted: \$

### Approvals

Staff Impact	<input type="checkbox"/> Minimal Staff Impact (Less than 10 hours) (No Council Approval Required) <input type="checkbox"/> Significant Staff Impact (More than 10 hours) (Council Approval Required)
Project Impact	<input type="checkbox"/> Individual Focused Project Impact (No Council Approval Required ) <input type="checkbox"/> Broad Policy or Organization Impact on City (Council Approval Required )
Funding Type	<input type="checkbox"/> Cost paid via Individual Discretionary Budget (No Council Approval Required) <input type="checkbox"/> Cost paid via General or Council Discretionary Budget (Council Approval Required) <input type="checkbox"/> Cost paid via Other or Combined Budget Source (Council Approval Required)
Funding Source:	# _____ \$ _____
<span style="color: red;">(Attach. OK)</span>	# _____ \$ _____
	# _____ \$ _____

Council Action Required: YES <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> NO _____	Budget Verified By:
Council Action Date: ____ / ____ / ____	Signature _____

Status :	Council Member _____	City Manager _____
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