



**CITY OF BRISTOL
BOARD OF FINANCE AGENDA REQUEST FORM**

To: Board of Finance Commissioners

From: Economic & Community Development
(Requesting Department)

Date: May 5, 2023
(Submission Date)

For the May 23, 2023 Board of Finance Meeting Agenda
(Date of Meeting)

This request is for:
(Please check the type of request and list in whole dollar amounts)

- Additional Appropriation \$ _____
- New Appropriation \$ _____
- Transfer from Contingency \$ _____
- Transfer(s) \$ 150,000.00
- Grant \$ _____
- Carry-over(s) \$ _____

Approval:

The Board of Economic and Community Development voted to approve this transfer at its regular meeting on May 4, 2023.

(Department Head's signature)

All requests to appear on the Board of Finance meeting agenda for consideration must be submitted to Jodi McGrane in the Comptroller's Office by 10:00 a.m. Monday of the preceding week of the meeting. Board of Finance Meetings are held on the fourth Tuesday of each month at 6:30 p.m. in the Council Chambers.

Board of Finance Agenda Request Form

Reason for request:

A transfer of funds from the Economic Expense account to the Downtown Development account.

Account	Account Name	Amount

Transfer(s) complete the following:

From: 1044109-589300	To: 1044109-589320	Amount: \$150,000.00
Economic Expense	Development Grants – Centre Sq.	
From:		Amount:
From:	To:	Amount:

Grants:

Total Amount: Grant \$ _____

City Share \$ _____ %

Federal/State Share \$ _____ %

Carry-overs list the following:

Account	Account Name	Amount



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This request is for:
(Please check the type of request and list in whole dollar amounts)

- Additional Appropriation \$ _____
- New Appropriation \$ _____
- Transfer from Contingency \$ _____
- Transfer(s) \$ 5,000.00
- Grant \$ _____
- Carry-over(s) \$ _____

Approval:

The Board of Economic and Community Development voted to approve this transfer at its regular meeting on May 4, 2023.

(Department Head's signature)

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Board of Finance Agenda Request Form

Reason for request:

Unused professional services funding to be transferred into the Residential Rehab program account.

Account	Account Name	Amount
_____	_____	_____
_____	_____	_____

Transfer(s) complete the following:

From:	1044102-531000	To:	1044102-587100	Amount:	\$5,000.00
	Professional Fees & Services		Residential Rehabilitation		

From:		Amount:
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From:	To:	Amount:
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Grants:

Total Amount: Grant \$ _____

City Share \$ _____ %

Federal/State Share \$ _____ %

Carry-overs list the following:

Account	Account Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____