

*AC lines increment by 10 (i.e. line 1 = 10, line 2 = 20, etc.)
*If AC has fewer than three lines please delete unnecessary rows; if more than 3 lines please insert rows

Ordinance Attachment - AC Template (Expenditure Authorization)

Ord Number
1222-2025

Type: ACPO, ACPR	Purchase Requisition (PR)#
ACPO	

Line # of AC	Project ID	Authority	Procurement Category	Dept		Ob. Class	Main Acct	Fund	Fund Name	Subfund	Program	Section 3	Section 4	Section 5	Optional Field	Planning Area	Amount	Project Name
10	P570030-100168	Capital Reserve Carryover	Building and Facility Construction and Maintenance Services	45	4507	06	66420	7784	Neighborhood Health Ctr. Capital Reserve	n/a	CW002	n/a	n/a	n/a	P570030.100168	56 - Near East	\$1,675,000.00	ECH Facility Upgrades

Type: ACDI	Purchase Requisition (PR)#	Prevailing Wage Charges:																
Line # of AC	Project ID	Authority	Procurement Category	Dept	Div.	Ob. Class	Main Acct	Fund	Fund Name	Subfund	Program	Sect 3	Sect 4	Sect 5	Optional Field	Planning Area	Amount	Project Name
10	P570030-100168	Capital Reserve Carryover	Engineering and Research and Technology Based Services	45	4507	06	66410	7784	Neighborhood Health Ctr. Capital Reserve	n/a	CW002	n/a	n/a	n/a	P570030.100168	56 - Near East	\$3,000.00	ECH Facility Upgrades

**If fewer than three lines needed please delete unnecessary rows; if more than 3 lines please insert rows*

Ordinance Attachment - Authorize Appropriation

Ord
1222-2025

Line #	Dept	Div	Obj Class	Main Acct	Fund	Fund Name	Subfund	Program	Section 3	Section 4	Section 5	Optional Field	Project ID	Amount	Project Name
1	45	4507	10	66420	7784	Neighborhood Health Ctr. Capital Reserve Fund	n/a	CW002	n/a	n/a	n/a	P570030.100168	P570030-100168	\$1,678,000.00	ECH Facility Upgrades

**If fewer than three lines please delete unnecessary rows; if more than 3 lines please insert rows*

Ordinance Attachment
Template to Authorize Transfer *Between Projects or Subfinds* WITHIN the Same Fund

Ord Number
1222-2025

Transfer From: (use 4 digits for Jennifer)

Line #	Dept	Div.	Ob. Class	Main Acct	Fund	Fund Name	Subfund	Program	Section 3	Section 4	Section 5	Project ID	Optional Field	Amount	Project Name
1	45	4507	99	5000	7784	Neighborhood Health Ctr. Capital Reserve Fund	n/a	CW002	n/a	n/a	n/a	P784001-100000	P784001.100000	(\$1,678,000.00)	Neighborhood Health Ctr Capital Reserve

Transfer To:

Line #	Dept	Div.	Ob. Class	Main Acct	Fund	Fund Name	Subfund	Program	Section 3	Section 4	Section 5	Project ID	Optional Field	Amount	Project Name
1	45	4507	99	5000	7784	Neighborhood Health Ctr. Capital Reserve Fund	n/a	CW002	n/a	n/a	n/a	P570030-100168	P570030.100168	\$ 1,678,000.00	ECH Facility Upgrades

Ordinance Attachment
Amending the Capital Improvement Budget

Ordinance Number
1222-2025

Fund	CIP#	Project Name	Authority	Current Authority	Revised Authority	Net Change
7784	P784001-100000	Neighborhood Health Ctr Capital Reserve	Capital Reserve Carryover	5,494,761	3,816,761	(1,678,000)
7784	P570030-100168	ECH Facility Upgrades	Capital Reserve Carryover	115,673	1,793,673	1,678,000

*establish authority to match cash