#### FINANCE COMMITTEE

July 5, 2022
Committee and Council Meetings can be viewed by accessing YouTube

Council Chambers 5:45pm

#### **AGENDA**

- 1. Consider **Resolution No. 22-60** A RESOLUTION AUTHORIZING AND DIRECTING THE MAYOR OF THE CITY OF NEWARK TO PREPARE AND SUBMIT APPLICATIONS TO THE UNITED STATES BUREAU OF JUSTICE ASSISTANCEFOR FISCAL YEAR 2022 EDWARD BYRNE JUSTICE ASSITANCE GRANT FUNDING.
- 2. Consider **Resolution No. 22-61Exp** A RESOLUTION APPROPRIATING MONIES FOR THE EXPENSES OF THE MUNICPAL CORPORATION
- 3. Consider **Resolution No. 22-62** A RESOLUTION APPROPRIATING MONIES FOR THE EXPENSES OF THE MUNICPAL CORPORATION
- 4. OTHER ITEMS AT THE DISCRETION OF THE CHAIR

|                   | RESOLUTION NO. <u>22-60</u>                                                                                                                                                                                                                                                                                                                                      |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BY                |                                                                                                                                                                                                                                                                                                                                                                  |
| PREPARE AN        | ON AUTHORIZING AND DIRECTING THE MAYOR OF THE CITY OF NEWARK TO<br>D SUBMIT APPLICATIONS TO THE UNITED STATES BUREAU OF JUSTICE<br>FOR FISCAL YEAR 2022 EDWARD BYRNE JUSTICE ASSITANCE GRANT                                                                                                                                                                     |
| assistance to sta | e federal Edward Byrne Memorial Justice Assistance Grant provides federal financial ate and local law enforcement agencies for activities which, among other purposes, improve as of the criminal justice system; and,                                                                                                                                           |
|                   | e United States Department of Justice Bureau of Justice Assistance has prepared Fiscal ling directives which provides that funds are available for certain crime prevention                                                                                                                                                                                      |
|                   | Memorandum of Understanding between the City of Newark and Licking County must be er to apply for the \$15,425. allocation set by the Bureau of Justice Assistance.                                                                                                                                                                                              |
|                   | FORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF NEWARK, COUNTY AND STATE OF OHIO, THAT:                                                                                                                                                                                                                                                                       |
| Section 1:        | This Council does hereby authorize and direct the Mayor, and his representative, to prepare applications to the United States Bureau of Justice Assistance funding assistance through the Edward Byrne Justice Assistance Grant for Fiscal Year 2022, and to make in connection wherewith, all certifications, understandings, and assurances contained therein. |
| Section 2:        | In furtherance of the directives established herein, the Mayor is authorized to take whatever action is legally available to attain such funding in the best interest of the City and its participation in available crime prevention funding programs.                                                                                                          |
| Section 3:        | That the Mayor be and hereby is designated as the authorizing official to enter into an agreement with the United States Bureau of Justice Assistance to administer the grant program and to accept said funds when they become available.                                                                                                                       |
| Section 4:        | This Resolution shall become effective upon the earliest date permitted by Article 4.07 of the Charter of the City of Newark, Ohio.                                                                                                                                                                                                                              |
| ADOPTED TH        | IIS, 2022                                                                                                                                                                                                                                                                                                                                                        |
| - <u></u>         | , PRESIDENT OF COUNCIL                                                                                                                                                                                                                                                                                                                                           |
| ATTEST            | , CLERK OF COUNCIL                                                                                                                                                                                                                                                                                                                                               |
| DATE FILED        | WITH MAYOR                                                                                                                                                                                                                                                                                                                                                       |
| DATE APPRO        | VED BY MAYOR                                                                                                                                                                                                                                                                                                                                                     |
|                   | MAYOR                                                                                                                                                                                                                                                                                                                                                            |

FORM APPROVED: \_\_\_\_\_\_, DIRECTOR OF LAW

| Resolution No.22-61 Exp                                                     |                                                         |                 |                                                             |
|-----------------------------------------------------------------------------|---------------------------------------------------------|-----------------|-------------------------------------------------------------|
| BY:                                                                         |                                                         |                 |                                                             |
| A RESOLUTION APPROPRIATING MONI                                             | ES FOR CURRENT EXPENS                                   | ES OF THE MUN   | ICIPAL CORPORATION                                          |
| WHEREAS, to properly, efficiently and there is an immediate requirement for |                                                         |                 | y of Newark in the best interest of its citizens,<br>d.     |
| NOW, THEREFORE, BE IT RESOLVED BY                                           | THE COUNCIL OF THE CIT                                  | TY OF NEWARK, ( | COUNTY OF LICKING, STATE OF OHIO.                           |
|                                                                             | oriation of the unappropr<br>r resigning Municipal Cou  |                 | the 153 Comp Abs Fund, in the amount of chel Cox)           |
| 153.107.5144                                                                | Termination<br>Vacation                                 | 3,000.00        |                                                             |
| 153.107.5145                                                                | Termination Comp                                        | 100.00          |                                                             |
| \$35,700.00 (Payout f                                                       | or retiring Police Sgt. Jeff                            | rey Pritt)      | the 153 Comp Abs Fund, in the amount of                     |
| 153.202.5143                                                                | Termination Sick                                        | 15,000.00       |                                                             |
| 153.202.5144                                                                | Termination<br>Vacation                                 | 2,200.00        |                                                             |
| 153.202.5145                                                                | Termination Comp                                        | 18,500.00       |                                                             |
|                                                                             | for an appropriation for c<br>ction 4.07 of the Charter |                 | of the municipal corporation; it shall go into ewark, Ohio. |
| Adopted this day of                                                         | , 2022.                                                 |                 |                                                             |
| President of Council                                                        |                                                         |                 |                                                             |
| Attest Clerk of Council                                                     |                                                         |                 |                                                             |
| Date filed with Mayor                                                       |                                                         |                 |                                                             |
| Date approved by Mayor                                                      |                                                         |                 |                                                             |
| Mayor                                                                       |                                                         | _               |                                                             |
| Approved as to form Director of Law _                                       |                                                         |                 | <u> </u>                                                    |
|                                                                             |                                                         |                 |                                                             |

## **Finance Committee Request Form**

| Арр    | ropria          | a <b>te</b> **From | n Unappropriated Balance of Specific Fund |                                         | 153 - Comp Abs Fund Source                                |
|--------|-----------------|--------------------|-------------------------------------------|-----------------------------------------|-----------------------------------------------------------|
|        | Dept            | Object             | Account Description                       | Amount                                  |                                                           |
| 153    | 107             | 5144               | Termination Vacation                      | 3,000.00                                |                                                           |
| 153    | 107             | 5145               | Termination Comp                          | 100.00                                  |                                                           |
|        |                 |                    |                                           |                                         |                                                           |
|        |                 |                    |                                           |                                         |                                                           |
|        |                 |                    |                                           | *************************************** |                                                           |
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|        |                 | war-11             |                                           | **************************************  |                                                           |
|        | LL              |                    | JTotal                                    | \$3,100.00                              |                                                           |
| Reas   | on for <i>i</i> | Appropriation      |                                           | ψο, του.σο                              |                                                           |
|        |                 |                    | unicipal Court employee Rachel Cox.       |                                         | Verify with the Auditor's office to make sure there       |
|        |                 |                    |                                           |                                         | is a sufficient amount in the unappropriated              |
|        |                 |                    |                                           |                                         | balance of the fund.                                      |
|        |                 |                    |                                           |                                         | Please enter Fund Source from which dollars               |
|        |                 |                    | ·                                         |                                         | will be appropriated - Number and Name.                   |
| Dies   | nnro            | priate             |                                           |                                         |                                                           |
| Ī      |                 |                    |                                           |                                         |                                                           |
| Fund   | Dept            | Object             | Account Description                       | Amount                                  |                                                           |
|        |                 |                    |                                           |                                         |                                                           |
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|        |                 |                    |                                           |                                         |                                                           |
|        |                 |                    |                                           |                                         | Disappropriations will need to be made if funds           |
|        | C 1             | <b>~</b> !         | Total                                     | \$0.00                                  | need removed from a salary account and moved              |
| Reas   | on for L        | Disappropri        | iations                                   |                                         | into an operating account.                                |
|        |                 |                    |                                           |                                         | 2. This can only be done if there are sufficient funds    |
|        |                 |                    |                                           |                                         | to cover remaining expenses in that account for the year. |
|        |                 |                    |                                           |                                         | the year.                                                 |
|        |                 |                    |                                           |                                         |                                                           |
|        |                 |                    |                                           |                                         | •                                                         |
|        |                 |                    |                                           |                                         |                                                           |
| Expe   | dite - V        | Naive Sec          | ond Reading                               |                                         | Yes 🗸 No 🗀                                                |
| Reas   |                 |                    |                                           |                                         |                                                           |
|        |                 |                    |                                           | *************************************** |                                                           |
|        |                 |                    |                                           |                                         |                                                           |
| Requ   | ester_          | XC                 | TELL (C)                                  | Date ( ) 22/2                           | 27                                                        |
|        | 70              | `                  | . 01 1                                    | 41-1-                                   | /                                                         |
| Direct | tor W           | ajero              | ~ The po.                                 | Date 6 22 22                            | Approve 🗍 Disapprove 🗌                                    |
|        | • ,             | V.                 | M. U                                      | 1 72 200                                | nn /                                                      |
| Mayo   | <u>r</u>        | XIVA               | 11V                                       | Date 6 - 25 : 100                       | Approve Disapprove                                        |
| Audito | or              | $( )^{\nu}$        | ,                                         | Date                                    | Annania Dinamana                                          |
| Audit  | Л               |                    |                                           | Date                                    | Approve L Disapprove L                                    |
| Einan  |                 | mmittee A          | otlon                                     | Date                                    | Annrove Disannrove                                        |

Revised August 20, 2012 jsp

### **Finance Committee Request Form**

| Арр      | ropria   | ate **From    | Unappropriated Balance of Specific      | c Fund.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 153-Comp Abs                                           | Fund Source                                                 |  |  |  |
|----------|----------|---------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|--|--|--|
| Fund     |          | Object        | Account Description                     | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                             |  |  |  |
| 153      | 202      | 5143          | Termination Sick                        | 15,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                             |  |  |  |
| 153      | 202      | 5144          | Termination Vacation                    | 2,200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                             |  |  |  |
| 153      | 202      | 5145          | Termination Comp                        | 18,500,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | :                                                           |  |  |  |
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|          |          |               |                                         | Total \$35,700.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                                                             |  |  |  |
| Reas     | on for   | Appropriation | ons                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                             |  |  |  |
| Payo     | ut for r | etiring Polic | e Sergeant Jeffrey Pritt.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Verify with the Auditor's office to make sure there |                                                             |  |  |  |
|          |          |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | is a sufficient amount in                              | n the unappropriated                                        |  |  |  |
|          |          |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | balance of the fund.  2. Please enter Fund Sou         | uraa fram uuhish dallara                                    |  |  |  |
|          |          |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | will be appropriated - N                               |                                                             |  |  |  |
|          |          |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                             |  |  |  |
| Disa     | ppro     | priate        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                             |  |  |  |
| Fund     | Dept     | Object        | Account Description                     | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                             |  |  |  |
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| <b> </b> |          |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                             |  |  |  |
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|          |          |               |                                         | Total \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | i i                                                    | salary account and moved                                    |  |  |  |
| Reas     | on for   | Disappropr    | lations                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | into an operating accor                                |                                                             |  |  |  |
|          |          |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>-</del>                                           | if there are sufficient funds<br>penses in that account for |  |  |  |
|          |          |               |                                         | THE STATE OF THE S | the year.                                              | Jenses III that account for                                 |  |  |  |
|          |          |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                      |                                                             |  |  |  |
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| Expe     | dite - ' | Waive Sec     | ond Reading                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                                    | No 🗆                                                        |  |  |  |
| Reas     | on       |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                             |  |  |  |
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|          |          | P. 1. 1       | U/V/h                                   | P 20 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                      |                                                             |  |  |  |
| Requ     | ester    |               | TAM)                                    | Date 6-30.2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                             |  |  |  |
| Direc    | tor      | BU            | un john                                 | Date 4 6/30/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Approve                                                | Disapprove                                                  |  |  |  |
| Direc    | WI       | 4/14          |                                         | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        | nisahhinga 🔲                                                |  |  |  |
| Mayo     | r        | $\sim \sim 1$ | 12/20-                                  | Date 6.30 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Approve 🚺                                              | Disapprove                                                  |  |  |  |
|          |          |               | VV A                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | - · · · · · · · · · · · · · · · · · · ·                     |  |  |  |
| Audit    | or       | -/K/1         | - Waren                                 | Date 6-30-22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _ Approve 🗹                                            | Disapprove                                                  |  |  |  |
| <u> </u> |          | /             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                             |  |  |  |
| Finar    | ice Co   | mmittee A     | ction                                   | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Approve                                                | Disapprove                                                  |  |  |  |
|          |          |               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                             |  |  |  |

Revised August 20, 2012 jsp

6/30/2022 9:22 AM

| Resolution No.22-62                                                                |                                                    |                                                                                              |         |
|------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------|---------|
| BY:                                                                                |                                                    |                                                                                              |         |
| A RESOLUTION APPROPRIATING MONIE                                                   | S FOR CURRENT EXPENS                               | SES OF THE MUNICIPAL CORPORATION                                                             |         |
| WHEREAS, to properly, efficiently and e<br>there is an immediate requirement for a |                                                    | usiness of the City of Newark in the best interest of its ci<br>action as indicated.         | tizens, |
| NOW, THEREFORE, BE IT RESOLVED BY                                                  | THE COUNCIL OF THE CIT                             | TY OF NEWARK, COUNTY OF LICKING, STATE OF OHIO.                                              |         |
|                                                                                    | riation of the unappropr<br>Technology and Enginee | riated balance of the 220 COVID 19- ARP Fund, in the amering Technology)                     | ount    |
| 220.103.5536.210                                                                   | Law Computer<br>Software/Hardware                  | 50,000.00                                                                                    |         |
| 220.103.5536.220                                                                   | Eng. Computer Software/Hardware                    | 60,000.00                                                                                    |         |
|                                                                                    | tion 4.07 of the Charter                           | current expenses of the municipal corporation; it shall go<br>r of the City of Newark, Ohio. | ) into  |
| President of Council                                                               |                                                    |                                                                                              |         |
| Attest Clerk of Council                                                            |                                                    |                                                                                              |         |
| Date filed with Mayor                                                              |                                                    |                                                                                              |         |
| Date approved by Mayor                                                             |                                                    |                                                                                              |         |
| Mayor                                                                              |                                                    | _                                                                                            |         |
| Approved as to form Director of Law                                                |                                                    |                                                                                              |         |
|                                                                                    |                                                    |                                                                                              |         |

# **Finance Committee Request Form**

| Appr  | opri   | ate **From    | Unappropriated | Balance of Speci | fic Fund  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 22       | 0 COVID-19                      | ) ARP       | Fund S                                 | Source     |
|-------|--------|---------------|----------------|------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------|-------------|----------------------------------------|------------|
| Fund  | Dept   | Object        | Acco           | unt Description  |           | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                 |             | ************************************** |            |
| 220   | 103    | 5536 210      |                | ware/Hardware    | Law       | <u> 410,000.00</u> 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0,000    |                                 |             |                                        |            |
| 226   | 103    | 553622        | > ,, ,         | ' Enginee        |           | 60,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
| 1     |        |               |                |                  | Total     | \$110,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                 |             |                                        |            |
| Reaso | on for | Appropriation | ons            |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>-</b> |                                 |             |                                        |            |
| LAW   | Techr  | ology and E   | NG Technology  | !                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        |                                 |             | s office to make s                     |            |
|       |        |               |                |                  |           | wasser , Add and a second a second and a second a second and a second a second and a second and a second and |          | is a sufficien<br>balance of th |             | n the unappropria                      | nea        |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             | urce from which d                      | ollars     |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             | Number and Name                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        | <u>priate</u> |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
| Fund  | Dept   | Object        | Acco           | ount Description |           | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | [1       | . Disappropria                  | ations will | need to be made                        | if funds   |
|       |        |               |                |                  | Total     | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                 |             | salary account an                      | nd moved   |
| Reas  | on for | Disappropri   | ations         |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | into an opera                   |             | unt.<br>If there are suffic            | lent funds |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             | penses in that ac                      |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | the year.                       | -           |                                        |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
| L     |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u></u>  |                                 |             |                                        | <u> </u>   |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
| Expe  | dite - | Waive Seco    | ond Reading    |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | Yes                             |             | No                                     | <b>V</b>   |
| Reas  | on     |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | ·                               |             |                                        |            |
|       |        |               |                | -mail/SDMs       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
| Requ  | ıester | Jennifer Bu   | <b>56</b>      | J. S.            | 96        | 6-29:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2022     | )<br>som                        |             |                                        |            |
| Direc | tor    | 22            | 1221           |                  | Da        | te 6-29-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 202      | Approve                         |             | Disapprove                             |            |
| Mayo  | or     | XQ1           | 1/m            | .00              | <u>Da</u> | te 6.29.20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 123      | Approve                         |             | Disapprove                             |            |
| Audit | or     |               | U              |                  | Da        | te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Approve                         |             | Disapprove                             |            |
|       |        |               |                |                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |                                        |            |
| Fina  | nce C  | ommittee A    | ction          |                  | Da        | te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Approve                         | П           | Disapprove                             |            |

Revised August 20, 2012 jsp 6/29/2022 12:07 PM