

BUDGET REQUEST FORM: FY2019

District _____ **Neighborhood** _____

SECTION 1: To be completed by preparer

Project Description: _____

Justification: _____

SECTION 2: All remaining items to be completed by IDA staff

Please Check One:

_____ Existing Program/Project Enhancement _____ New Program/Project

Priority Level [1 through 5] (Please rate this request in terms of importance.)

_____ [1 = highest (must have/do) 5 = least (not at the top of the list)]

Costs: (Please identify the costs, in dollars, associated with this request.)

Vendor Proposal (Please attach):\$ _____

Staff Proposal:

Personnel: \$ _____

Operations: \$ _____

Capital: \$ _____

Funding Source: (Please check whether the item is recurring or non-recurring and the type of funding source with an associated amount.)

Recurring: _____

Non-recurring: _____

Assessments: _____ \$ _____

Assessments: _____ \$ _____

Association Fees: _____ \$ _____

Association Fees: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Prepared By (Print Name) _____

_____ Date

Signature _____

shz 10/2017

Must Be Submitted No Later Than January 30, 2018 To Be Considered For FY2019