

	DATE	RECOMMENDED	NOT RECOMMENDED
DIVISION CHIEF:	_____	_____	_____
DEPARTMENT HEAD:	<u>10/31/2019</u>		_____
HR CHIEF:	<u>11/4/2019</u>	_____	_____
BUDGET OFFICE:	<u>11-7-19</u>	_____	_____

DEPARTMENT: \_\_\_\_\_ TO BE EFFECTIVE \_\_\_\_\_

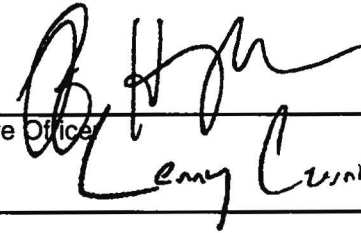
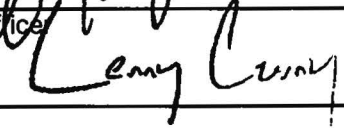
ACTION	No.	ACTIVITY NO/ DESCRIPTION	TITLE	OCC CODE	PAY GRADE	PAY RANGE
AUTHORIZE	40	FRFO1F9FO-FRE079- 20 SAFER GRANT	FIREFIGHTER 56	T0146	11.12	\$3377-\$5130

FUNDING: Indicate funding for this change:  
 Funds are available within current appropriations for this change: Yes  No   
 If NO, funds will be provided by: \_\_\_\_\_

JUSTIFICATION:  
 Authorize SAFER grant positions for year 1 of a 3 year grant agreement. Positions authorized per Ordinance #2020-xxxx.

Reference TD/BT BT20-030 Council approval required? Yes  No  Date action required: \_\_\_\_\_

ACTION TAKEN BY MBRC:  
**APPROVED BY:**  
**MAYOR'S BUDGET**  
**REVIEW COMMITTEE**  
 NOV 12 2019  
**DATE** \_\_\_\_\_

SIGNATURES:  
 \_\_\_\_\_  
 Chief Administrative Officer   
 \_\_\_\_\_  
 MAYOR 

AMENDMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_