

DATE: _____ RECOMMENDED: _____ NOT RECOMMENDED: _____

DIVISION CHIEF: _____

DEPARTMENT HEAD: 2-27-19 S. Buxton _____

HR CHIEF: 2/27/19 _____

BUDGET OFFICE: 3/6/19 _____

DEPARTMENT: Neighborhoods TO BE EFFECTIVE: March 16, 2019

ACTION	No.	ACTIVITY NO/ DESCRIPTION	TITLE	OCC CODE	PAY GRADE	PAY RANGE
Authorize	1	ERACIFIG ERA003-19	Veterinarian	04485	29.19	73,109.77 - 123,093.02

FUNDING: Indicate funding for this change:

Funds are available within current appropriations for this change: Yes No (see description below)

If NO, funds will be provided by:

Funds will be appropriated by a grant from Maddie's Fund.

JUSTIFICATION:

Request to increase employee cap by (1) to satisfy the requirements of the Duffield Family dba Maddie's Fund Grant award.

(See attached BT.) The grant funding must be used to support a Maddie's Shelter Medicine Internship.

The grant will pay the intern \$50,000 for one year, (\$35,000 salary, remaining \$15,000 in benefits.)

Reference ~~TD~~/BT BT19-073 Council approval required? Yes No Date action required: _____

ACTION TAKEN BY MBRG:
APPROVED BY:
MAYOR'S BUDGET REVIEW COMMITTEE
DATE MAR 1 1 2019

SIGNATURES:

 Chief Administrative Officer

 MAYOR

 Comments: _____

AMENDMENTS: _____

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BUDGET DIVISION

FEB 27 2019

RECEIVED

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