Department**:** Choose an item.

Department Head:

**Regular or Supplemental RCA:** Choose an item.

**Type of Request:** Investment Memo

**Investment Memo Type:** Choose an item.

Project Name:

**Project ID** (if applicable)**:**

**Vendor Legal Name** (if applicable)**:** N/A

**MWDBE Contracted Goal (if applicable):** N/A

**MWDBE Current Achievement (if applicable):** N/A

**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Managing Entity:**

**Incremental Authorization Requested:**

**Total Estimated Project Cost:**

**Request Summary:**

..title

..end

Project Description:

Project Scope:

Justification:

Alternatives and Engagement:

Anticipated Project Expenditures and Timeline:

|  |  |  |
| --- | --- | --- |
| Scope of Work | Estimated Cost | Estimated Completion |
|  | - | - |
|  | - | - |
| Total | - | - |

**Alignment with Goal(s):**

\_ Justice and Safety

\_ Economic Opportunity

\_ Housing

\_ Public Health

\_ Transportation

\_ Flooding

\_ Environment

\_ Governance and Customer Service

**Previous Court Action:**

|  |  |  |
| --- | --- | --- |
| Date | Agenda Item # | Action Taken |
|  |  |  |
|  |  |  |
|  |  |  |

**Address:**

**Precinct(s):** Choose an item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fiscal and Personnel Summary** | | | | |
| Service Name |  | | | |
|  | | **FY 23** | **FY 24** | **Next 3 FYs** |
| **Incremental Expenditures (do NOT write values in thousands or millions)** | | | | |
| Labor Expenditures | | $ | $ | $ |
| Non-Labor Expenditures | | $ | $ | $ |
| **Total Incremental Expenditures** | | **$** | **$** | **$** |
| **Funding Sources (do NOT write values in thousands or millions)** | | | | |
| Existing Budget | | | | |
| Choose an item. | | $ | $ | $ |
| Choose an item. | | $ | $ | $ |
| Choose an item. | | $ | $ | $ |
| Total Current Budget | | $ | $ | $ |
| Additional Budget Requested | | | | |
| Choose an item. | | $ | $ | $ |
| Choose an item. | | $ | $ | $ |
| Choose an item. | | $ | $ | $ |
| Total Additional Budget Requested | | $ | $ | $ |
| **Total Funding Sources** | | **$** | **$** | **$** |
| **Personnel**(Fill out section only if requesting new PCNs) | | | | |
| Current Position Count for Service | | - | - | - |
| Additional Positions Requested | | - | - | - |
| **Total Personnel** | | **-** | **-** | **-** |

**Anticipated Court Date:**

**Anticipated Implementation Date (if different from Court date):**

**Department Approval by:**

**OMB CIP Team Approval by:**

**Commercial Paper Request** *(For OMB use only)*:

**Receiving Department:** Choose an item.

**Project PeopleSoft ID:**

**CP Series Description:**

**HB 1869 compliance confirmed by:**

**OMB Financial Management contact:**