Primary Department: Choose an item.

Primary Department Head/Elected Official:

**Managing Department:** Choose an item.

Managing Department Head/Elected Official:

**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

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

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

**Justification for 0% MWDBE Participation Goal:** Choose an item.

**Grant Indirect Costs Rate** (if applicable)**:**

**Justification for 0% Grant Indirect Costs Rate** (if applicable)**:** Choose an item.

**Incremental Authorization Requested:**

**Total Estimated Project Cost:**

**Request Summary:**

..title

Request for approval of a *<Preliminary/Final/Change>* Investment Memo for the *<Insert Project Name>* project, for an *<Initial/Incremental>* amount of $*<Insert Incremental Authorization Requested>* and request for approval of *<Initial/Incremental>* commercial paper funding in the amount of $*<Insert Budget Request for next 3 months>*.

..end

Project Description:

Anticipated Project Expenditures and Timeline:

|  |  |  |
| --- | --- | --- |
| Project Scope Breakdown | Estimated Cost | Estimated Completion |
|  | $- | - |
|  | $- | - |
| Total | $- | - |

Justification & Alternatives:

Anticipated Impact on Other Funds (If Applicable):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fund Code | Description  | Estimated Cost | Funding Method (Existing or Future Budget Request Required) | Estimated Date of Needs |
|  |  | $- |  | - |
|  |  | $- |  | - |
| Total |  | $- |  | - |

**County Strategic Plan Goal:** Choose an item.

**County Strategic Plan Objective:** Choose an item.

**Justice/Safety Initiative (Goal 1):**  Choose an item.

**Infrastructure Initiative (Goal 2):** Choose an item.

**Economy Initiative (Goal 3):** Choose an item.

**Health Initiative (Goal 4):** Choose an item.

**Climate/Resilience Initiative (Goal 5):** Choose an item.

**Housing Initiative (Goal 6):** Choose an item.

**Previous Court Action:**

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

**Address:**

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

|  |
| --- |
| **Fiscal and Personnel Summary** |
| Service Name |  |  |
|  | **Current Fiscal Year Cost** | **Annual Fiscal Cost** |
|  | **Labor** | **Non-Labor** | **Total** | **Recurring Expenses** |
|  |  |  |  |  |
| **Funding Sources** |  |
| **Existing Budget** |  |  |  |  |
| Choose an item. | $ | $ | $ | $ |
| Choose an item. | $ | $ | $ | $ |
| Choose an item. | $ | $ | $ | $ |
| Total Current Budget | $ | $ | $ | $ |
| **Additional Budget Request** |  |
| Choose an item. | $ | $ | $ | $ |
| Choose an item. | $ | $ | $ | $ |
| Choose an item. | $ | $ | $ | $ |
| Total Additional Budget Request | $ | $ | $ | $ |
| **Total Funding Request** | **$** | **$** | **$** | **$** |
| **Personnel**(Fill out section only if requesting new PCNs) |  |
| Current Position Count for Service | - | - | - | - |
| Additional Positions Request | - | - | - | - |
| **Total Personnel** | **-** | **-** | **-** | **-** |

**Anticipated Court Date:** Click or tap to enter a date.

**Anticipated Implementation Date (if different from Court date):** Click or tap to enter a date.

**Emergency/Disaster Recovery Note:** Choose an item.

**Legal funding compliance confirmed by:**

**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:**

**OMB Financial Management contact:**