## REQUEST FOR SUPPLEMENTAL APPROPRIATION

DEPARTMENT:	Office of Public Finance	DATE: <u>November 13, 2015</u>

To the Mayor:

**APPROVED:** 

Request is hereby made for supplemental appropriation from the following appropriation(s) or fund(s) in the amount(s) indicated;

APPROPRIATION NUMBER	DESCRIPTION OF APPROPRIATION OR FUND	AMOUNT
FUND: XXXXXXXX DEPT: XXXXXXXX INDEX: XXXXXXXX SUB-OBJ: 80121	Proceeds from Certificates of Participation	\$215,000,000

to the credit of the following appropriation(s) or fund(s) in the amount(s) indicated:

APPROPRIATION NUMBER	DESCRIPTION OF APPROPRIATION OR FUND	AMOUNT
FUND: XXXXXXXX DEPT: XXX INDEX: XXXXXX SUB-OBJ: 06700	Construction costs for a new Rehabilitation and Detention Facility to replace the current jail	\$ 159,680,639
FUND: XXXXXXXX DEPT: XXX INDEX: XXXXX SUB-OBJ: 081C4	City Services Auditor 0.2% allocation for the Controller's Audit Fund	\$319,361
FUND: XXXXXXXXX DEPT: XXX INDEX: XXXXX SUB-OBJ: 07000	Capitalized Interest	\$28,953,214
FUND: XXXXXXXX DEPT: XXX INDEX: XXXXX SUB-OBJ: 07000	Debt Service Reserve	\$17,821,498
FUND: XXXXXXXX DEPT: XXX INDEX: XXXXX SUB-OBJ: 07311	Other Underwriter's Discount	\$729,068
FUND: XXXXXXXX DEPT: XXX INDEX: XXXXX SUB-OBJ: 07311	Other Costs of Issuance	\$801,220
FUND: XXXXXXXX DEPT: XXX INDEX: XXXXX SUB-OBJ: 07000	Reserve for Market Uncertainty	\$6,695,000

There are no surpluses in any of this department's appropriations available for transfer for the requested purpose(s). Complete detail as to the necessity for THIS appropriation is stated in attached letter.

## **APPLICABLE BOXES MUST BE CHECKED**

RECC	OMMENDED: (Department Head)				
CERTIFIED AS TO FACTS AND AMOUNTS AS ABOVE STATED, AND					
	These funds were previously requested by:  ( ) Supplemental Appropriation or ( ) Budget Estimate and were  ( ) reduced or ( ) denied by The Mayor, or The Board of Supervisors.				
$\boxtimes$	These funds have not been previously requested.				
	This request included capital projects (s.o. 06700 OR 06700); a separate copy has been sent to the Chair, Capita improvement Advisory Committee.				

(Board or Commission)

Recorded Controller's Budge	et Division	
Ву:	Date:	Request No.
	FOR MAYOR'S US	SE
To the Controller:		
The above request meets with appropriation ordinance.	my approval; as indicated above. You are	e hereby requested to prepare the necessary
APPROVED: Mayor Edwin Lee	BY:	DATE:

FORM 0.10 (revised 7/30/96)