



Sue Wadley

**RCA Request for Council Action**  
**SUBJECT AND PURPOSE INFORMATION**

Requestor

11/19/2015

Date

Requesting authorization for the Mayor to sign the Mt Carmel Wellness Plan Agreement to continue to provide support of the Gateway to Health Wellness program

Please describe nature of action requested (type of legislation requested; nature of agreement, amendment, or communication, etc.) **in detail.**

MOUNT CARMEL OCCUPATIONAL HEALTH, 6150 East Broad Street, Columbus, Ohio 43213

Street address, City, ST, ZIP Code (if applicable, i.e., contracts, agreements, etc.)

**Type of Request**

Discussion Item on Agenda

Ordinance

Motion Resolution

Resolution

Statutory Resolution

Previous Related Legislation \_\_\_\_\_

Waiver

Emergency

**Funding. If Supplemental Needed [Account Number and Name]**

Amount

From the unappropriated, unencumbered balance of the \_\_\_\_\_ Fund

To Account No.

To Account Name

**Funding. If Already Appropriated [Account Number and Name]**

\$1,165.00

Amount

101125-5281

Account No.

Wellness Plan

Account Name

**Funding. If Transfer Needed [attach page 2 transfer table]**

\*Attach additional documentation, if applicable.

Page 2 attachment for budget/fund transfers

Approved by Finance

