



Abby Cochran

RCA Request for Council Action
SUBJECT AND PURPOSE INFORMATION

Requestor

09/11/2017

Date

Near-Site Center for Employees

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

requesting an ordinance to authorize the Mayor to sign an agreement with Express Med in conjunction with Mount Carmel Health System to be able to provide a near-site health

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]

Amount

Account No.

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

