

## RCA Request for Council Action

| Troy Euton |  |
|------------|--|
| Requestor  |  |
| 01/29/2016 |  |
| Date       |  |

| SUBJECT AND PURPOSE INFORMATION  |                                     | 01/29/2016   |  |
|--|-------------------------------------|--|--|
|  |                                     | Date   |  |
| Requesting a Resolution for perm   | ission to apply for a Recreation    | al Trail Program (RTP) grant for a loop trail at   |  |
| McCutcheon Road Park, and authori  | zation for the Mayor to sign docur  | ments relating to the application and award of the |  |
| grant.   |                                     |  |  |
|  |                                     |  |  |
| Please describe nature of action required or communication, etc.) in detail. | ested (type of legislation requeste | a; nature of agreement, amendment,                 |  |
| Street address, City, ST, ZIP Code (if ap                                    | olicable, i.e., contracts, agreemen | its, etc.)   |  |
| Type of Request  |                                     |  |  |
| Discussion Item on Agenda  | Ordinance                           | Motion Resolution                                  |  |
| ✓ Resolution   | Statutory Resolution                | Previous Related Legislation                       |  |
| Wo   | niver Em                            | ergency  |  |
| Funding. If Supplemental Needed [Acc   | count Number and Name]              |  |  |
| Amount From the unappropriated, unencumber                                   | ered balance of the                 | Fund   |  |
|  |                                     |  |  |
| To Account No.   | To Account Name                     |  |  |
| Funding. If Already Appropriated [Acc  | ount Number and Name]               |  |  |
| Amount   |                                     |  |  |
| Account No.  | Account Name                        |  |  |
| Funding. If Transfer Needed [attach pa                                       | ge 2 transfer table]                |  |  |
| *Attach additional documentation, if a                                       | applicable.                         |  |  |
| Page 2 attachment for budget tro   | ansfers                             |  |  |
| Approved by Finance  |                                     |  |  |

Page 2: Budget Transfer Table

| AMOUNT | FROM ACCT. NAME | ACCOUNT NO. | TO ACCOUNT NAME | ACCOUNT NO. |
|--------|-----------------|-------------|-----------------|-------------|
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