



Clerk of Council
614.342.4090

RCA Request for Council Action

SUBJECT AND PURPOSE INFORMATION

Abby Cochran

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Discussion Item on Agenda | <input checked="" type="checkbox"/> Ordinance | <input type="checkbox"/> Motion Resolution |
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Statutory Resolution | Previous Related Legislation _____ |
| <input type="checkbox"/> Waiver | <input type="checkbox"/> 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

