Request For City Commission Contingency Funds City Department

Name of Responsible Manager: Karen Snyder, Strategic Planning Manager

Date of Request: March 30, 2007

| Name of Department Requesting Funds | Administrative Services Department, Office of Strategic Planning | | | | | |
|--|--|--|--|--|--|--|
| Amount Requested (minimum of \$2,500) | \$4,000 | | | | | |
| Expected Date of Expenditure of Funds | June 7-10, 2007 | | | | | |
| Reason for Request (please provide detailed explanation) | This request is to provide funding for the 2 nd Annual Conference on Best Practices in Building University/City Relations that will be held on June 7-10, 2007 in Gainesville, Florida This conference is co-hosted by the University of Florida, Santa Fe Community College and the City of Gainesville. The mission of this conference is to provide higher education and local government officials from throughout the US and Canada with an opportunity to come together and learn from one another about city and university practices that build positive relationships and address Town Gown concern Please see the attached conference program for additional information. The breakdown of the amount requested is as follows: 1 Conference printing expenses \$2,000 2 Discounts to conference presenters \$1,500 3. Keynote speaker expenses \$50 TOTAL \$4,000 | | | | | |
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| Category of Request: (please check one) | |
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| Consulting Fees related to special | |
| study (please provide scope of services) | |
| Unanticipated Repairs (include name facility, extent and description of repairs needed, and alternative action) | |
| Grant Match (include name of grant, grant agency and % of matching funds needed) | |
| Office relocation expenses (include relocation address and reason for move) | |
| Pilot Program (include name and description of program and expected start date) | |
| Special Event (include name & date of event) | 2 nd Annual Conference on Best Practices in Building University/City Relations June 7-10, 2007 |
| Capital Equipment (include description and reason for emergency need) | |
| Other (please explain) | |

| City Manager has reviewe | d and | accepted t | this reque | est for | inclusion | on City | Commission |
|--------------------------|-------|------------|------------|---------|-----------|---------|------------|
| Agenda for meeting of | 4 | 10'-0 |) T | | | ., | |

<u>/- 10 -0 7</u> Date

Date

City Manager Signature