

Fulton County Board of Commissioners

Agenda Item Summary

BOC Meeting Date 12-19-18

Requesting Agency

Commission Districts Affected

Finance

All Districts

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Discussion of FY2019 Proposed Budget

Requirement for Board Action (Cite specific Board policy, statute or code requirement)

No action necessary at this time. Floor is open for discussion.

Is this Item related to a Strategic Priority Area? (If yes, note strategic priority area below)

Yes All People trust government is efficient, effective, and fiscally sound

Is this a purchasing item?

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Discussion of FY2019 Proposed Budget by the Board of Commissioners.

Contract & Compliance Information (Provide Contractor and Subcontractor details.)

Agency Director Approval		County Manager's
Typed Name and Title Hakeem K. Oshikoya – Finance Director	Phone 404-612-7641	Approval
Signature	Date	

Agency Director Approval		County Manager's
Typed Name and Title Hakeem K. Oshikoya – Finance Director	Phone 404-612-7641	Approval
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

Source of Additional Information (Type Name, Title, Agency and Phone)

Agency Director Approval		County Manager's
Typed Name and Title Hakeem K. Oshikoya – Finance Director	Phone 404-612-7641	Approval
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

Continued

Procurement					
Contract Attached:	Contract Attached: Previous Contracts:				
Solicitation Number:	Submitting Agency:	Staff Contact:	Contact Phone:		
Description:.					
FINANCIAL SUMMARY					
Total Contract Value:		MBE/FBE Participation	n:		
Original Approved Amo	ount: .	Amount: .	%: .		
Previous Adjustments:		Amount: .	%: .		
This Request:		Amount: .	%: .		
TOTAL:	•	Amount: .	%: .		
Grant Information Sun	nmary:				
Amount Requested:		☐ Cash			
Match Required:		☐ In-Kind			
Start Date:		Approval to Award			
End Date:		☐ Apply & Acce	ept		
Match Account \$:	•	,			
Funding Line 1:	Funding Line 2:	Funding Line 3:	Funding Line 4:		
•	•	•			
KEY CONTRACT TERMS					
Start Date:	End Date:				
Cost Adjustment: Renewal/Extension Terms:					
DOUTING & ADDDOVALO					
ROUTING & APPROVALS (Do not edit below this line)					
X Originating Dep	partment:	Oshikoya, Hakeem	Date: 11/27/2018		
. County Attorne			Date: .		
	ntract Compliance:				
			Date: .		
			Date: .		
X County Manage		Anderson, Dick	Date: 11/28/2018		