

**Department New Request Form  
Fiscal Year 2020**

Major Department   
 Division/Sub-Department   
 Request Category   
 Request Rating

Rank:

Title of New Request:

Funded?

**1. Request Rationale:**

**2. Service Delivery Impact:**

**3. Personnel Requirements (# FTE's required):**

**4. Cost Impact of New Program:**

Account #	Item	Qty	Unit Cost	Requested One-Time	Requested Ongoing	FY 2020 Unfunded	FY 2020 Funded	Proposed FY 2021 Ongoing
1221.370.460554.140	Health Insurance Increase	1	2455		2,455	-	2,455	
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					-	-	-	
					-	-	-	
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					-	-	-	
					-	-	-	
					-	-	-	
					-	-	-	
<b>Expense Sub-Total</b>				-	<b>2,455</b>	-	<b>2,455</b>	-

**Revenue Offset:**

Account #	Revenue Description	Proposed Onetime Revenue	Proposed Ongoing Revenue
1221.000.383000.00	N Transfer in from Park District	-	1,276
1221.000.346034.00	N County Maintenance Agreement		1,179
<b>Revenue Sub-Total</b>		-	<b>2,455</b>

**Net Cost of Impact for New Program**