

City of Revere: Special Revenue Fund Form

Section To Be Completed by Department

Please use this form to create or modify a special revenue fund number (ex. Fund# 1xxx or 2xxx).

Grant Administrator Name: _____

Department: _____

Date: _____

Department Head Signature: _____

Grant Name: _____

Amount (\$): _____

Grantor Name: _____

Effective/Start Date: _____

End Date: _____

New Fund or Existing Fund Request? If existing, please enter the MUNIS fund number: _____

Funding Source (Federal, Pass thru Federal, State, Pass thru State, if Other provide details): _____

Matching funds required? **(Yes / No)** (If Yes, please fill out the next page of this form.)

Are salary/wages and fringe benefits an eligible expense? **(Yes / No / Not Applicable - No grant-funded positions in respective department)**

If Yes, please note the dollar amount: _____

Is this a reimbursable or prepaid grant? **(Reimbursable / Prepaid)**

Expenditure reporting frequency: **(Weekly / Monthly / Quarterly / Annually / As Needed Basis)**

Required Documentation Attached:

Fully Signed Contract: **(Yes / No)**

Scope of Work:

Comments:

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Section To Be Completed by Department	
1. Department Name	
2. Department Head	
3. Department Address	
4. Department Phone	
5. Department Fax	
6. Department Email	
7. Department Website	
8. Department Description	
9. Department Mission Statement	
10. Department Vision Statement	
11. Department Goals	
12. Department Objectives	
13. Department Key Performance Indicators	
14. Department Budget	
15. Department Financial Statement	
16. Department Audit Report	
17. Department Compliance Report	
18. Department Risk Assessment	
19. Department Quality Assurance Report	
20. Department Customer Satisfaction Report	
21. Department Employee Satisfaction Report	
22. Department Training and Development Report	
23. Department Safety Report	
24. Department Environmental Report	
25. Department Social Responsibility Report	
26. Department Innovation Report	
27. Department Research and Development Report	
28. Department Marketing and Sales Report	
29. Department Human Resources Report	
30. Department Information Technology Report	
31. Department Legal and Compliance Report	
32. Department Public Relations Report	
33. Department Community Engagement Report	
34. Department Sustainability Report	
35. Department Governance Report	
36. Department Board of Directors Report	
37. Department Executive Management Report	
38. Department Senior Management Report	
39. Department Middle Management Report	
40. Department Frontline Management Report	
41. Department Employee Report	
42. Department Customer Report	
43. Department Supplier Report	
44. Department Vendor Report	
45. Department Contractor Report	
46. Department Consultant Report	
47. Department Outsourcing Report	
48. Department Partnership Report	
49. Department Joint Venture Report	
50. Department Acquisition Report	
51. Department Divestiture Report	
52. Department Mergers and Acquisitions Report	
53. Department Restructuring Report	
54. Department Turnaround Report	
55. Department Liquidation Report	
56. Department Bankruptcy Report	
57. Department Reorganization Report	
58. Department Consolidation Report	
59. Department Integration Report	
60. Department Synergy Report	
61. Department Scale Report	
62. Department Scope Report	
63. Department Speed Report	
64. Department Simplicity Report	
65. Department Smart Report	
66. Department Sustainable Report	
67. Department Successful Report	
68. Department Strong Report	
69. Department Stable Report	
70. Department Safe Report	
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100. Department Sound Report	

Please fill out the below if matching funds are required. **If matching funds are not required, do not submit in this page.**

1. Describe in detail the terms for the matching funds requirement (include dollar amount and percentage of matching funds):

2. Has a funding source for the matching funds been identified? If yes, please describe in detail the funding source.

If not, please do not submit this entire form until matching funds have been secured.

3. The following is to illustrate the matchings funds that are required for each expenditure:

<u>Expense Description</u> <u>(Salaries, OT, Office Supplies, etc.)</u>	SRF Funds Allocated for this Expense (\$)	Matching Funds Allocated for this Expense (\$)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total:	\$	\$

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Section To Be Completed by Department

Please fill out the below to set up the budget in Munis.

Five lines are left blank if you want to have an object code with a specific account name.

New Fund or Existing Fund Request? If existing, please enter the current MUNIS fund #:

<u>Account Name per Munis</u>	<u>Increase or Decrease Budget</u>	<u>Object Code per Munis</u>	<u>Budget Amount</u>
PERMANENT SALARIES		510100	\$
OTHER SALARIES		510101	\$
SALARY - OVERTIME		510900	\$
PURCHASE OF SERVICES		520000	\$
CONTRACTED SERVICES		525000	\$
OTHER CHARGES & EXPENDITURES		570000	\$
CAPITAL OUTLAY		580000	\$
NEW EQUIPMENT		587100	\$
			\$
			\$
			\$
			\$
			\$
		Total	\$ -

Section To Be Completed by Accounting and Auditing

Fund# Confirmation: _____

Approved By: _____

Date: _____

Section To Be Completed by Budgeting

BUC/BUA Posted By: _____

Approved By: _____

Date: _____