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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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:

Expense Description (Salaries, OT, Office Supplies, etc.)	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 #:

Account Name per Munis	Increase or Decrease Budget	Object Code per Munis	Budget Amount
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: _____