

FY17 Council Concept Item
(Submission cutoff date is August 22nd)

Sponsor: _____ **Date Submitted:** _____

Cosponsors: _____
(3 required from _____
Aug. 3 to 22) _____

Item Description:

Is a cost analysis needed: _____

If no, cost estimated at: _____ **# New FTEs:** _____

Impact to Budget (select from list): _____

Category (select from list): _____

Funding Source (select from list): _____

If other, provide source: _____

Budget Impact	Categories	Funding Sources
Budget Increase	Economic Development	General Fund
Budget Reduction	Employee Pay & Benefits	One-Time Funds
Change in Revenue	Fees/Revenue	Capital Budget
	Financial Policy	Other
	Health and Human Services	
	Parks	
	Public Safety	
	Quality of Life	
	Utilities	
	Other	

Please return to: Diane Siler, Deputy Budget Officer, Financial Services Department
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