

Memorandum

CAPITAL OF SIL	ICON VALLEY			
TO:	MAYOR LICCARDO	F	ROM:	Councilmember David Cohen
SUBJECT:	BUDGET DOCUMENT	٦]	DATE:	May 26, 2021
Approved	Quid Colon	Date: May 26, 2021		
RECOMME		. 1		
That the follo	owing recommendation be	e enacted.		
<u>Proposal</u>				
Program/Pro	ject Title: District 4 Cou	ncil Office Budget (Carryov	er
Amount of C	ity Funding Required: \$6	647,000		
This change	is:			
	One-time O	ngoing		
Cost Estimate	e Number (if applicable):	N/A		
-	-		-	ated outcomes (Please describe unity groups, businesses, etc.):
Funding Sou	<u>irce</u>			
☐ Essential S	Services Reserve:			
✓ Other (Ple	ase specify program/proje	ect/fund): FY 2020- 2	2021 Dis	trict 4 Office Budget

Department or Organization Contact

Please list the contact information for the individual that certified cost estimates contained within your recommendation:

Name and Title: Toni Taber, San Jose City Clerk

Department or Organization: City Clerk's Office

Phone Number: (408) 535-1270

Email: Toni.Taber@Sanjoseca.gov