208346

A RESOLUTION REGARDING THE OPERATION OF THE SAN DIEGO MODEL CITIES RELOCATION PROJECT BY THE COMMUNITY DEVELOPMENT DEPARTMENT OF THE CITY OF SAN DIEGO.

WHEREAS, The City of San Diego, California, has entered into a contract with the United States Department of Housing and Urban Development (HUD) to carry out, within The City of San Diego, a Model Cities Program; and

WHEREAS, the Comprehensive Demonstration Plan for the Third Action Year, authorized by Resolution No. 207635 and adopted March 27, 1973, was approved by HUD on June 12, 1973; and

WHEREAS, the Comprehensive Demonstration Plan, Third

Action Year, designates The City of San Diego as the operating

agency for the Relocation Project, hereinafter called "Project";

and

WHEREAS, the Grant Agreement referred to in the first recital herein provides supplemental grant funds for the operation of said Project; NOW, THEREFORE,

BE IT RESOLVED, by the Council of The City of San Diego, as follows:

1. The City Manager of The City of San Diego be, and he is hereby authorized to assume full responsibility for the successful implementation and completion of Project in accordance with the Grant Agreement between The City of San Diego and HUD along with appurtenant regulations and in accordance

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with the terms and conditions as they may apply as set forth in Document No. 738536, on file in the office of the City Clerk.

- 2. The operation of Project and costs incurred thereto shall be no more liberal than policies, procedures and practices applied uniformly to both federally assisted and other activities of the City.
- 3. The City shall operate Project in a manner consistent with the Project Work Program Cover Sheet, attached hereto as Exhibit A; Project Work Program, attached hereto as Exhibit B; and the itemized Program Budget, attached hereto as Exhibit C.
- 4. The City Auditor and Comptroller be and he is hereby authorized to transfer the sum of One Hundred Seventy-four Thousand Five Hundred Dollars (\$174,500) from the Model Cities Third Action Year Fund No. 2903 of The City of San Diego to Fund No. 2548 of the Community Development Department to be used by said Department and accounted for separately, solely and exclusively for the purpose of providing funds for the operation of Project.

APPROVED: JOHN W. WITT, City Attorney

By Selenco Casho Federico Castro, Deputy

FC:1c 6/21/73 Aud.Cert.#4900

208346

PROJECT WORK PROGRAM COVER SHEET

Relocation Project

General Purpose: To relocate twenty-five (25) families and individuals displaced by Code Abatement Action in the Model Cities Third Action Year and to provide benefits required by the federal government's Relocation Law to these displacees.

Scope of Services: The Model Cities Relocation staff hired for this activity will be providing assistance and payments required by law to eligible displaces under the following programs:

- 1. CODE ENFOREMENT: A person shall be deemed displaced by Code Enforcement under the Model Cities Program if the vacating of the real property occurs as a result of abatement action taken by the City Housing Inspection Department against the residence, because the condition of the house is not in compliance with City Housing Codes, and requires extensive repair or demolition and necessitates the resident's move. If the rehabilitation of the premise does not necessitate a move but does cause a rent increase of 25 percent for a business or ten percent for a family or individual and the resulting rent is over the ability-to-pay standards for families and individuals, tenants will be eligible for relocation assistance.
- 2. ANY OTHER MODEL CITIES PROGRAMS: Displacees of land-acquisition activities caused by other programs deemed to be a material part of the Model Cities Plan will be afforded relocation assistance and payments where prescribed by law.

The purpose of these programs is to improve the quality of housing in the Model Neighborhood Area and to provide persons currently living in substandard units, with assistance in finding standard rentals or homes. In addition, relocation assistance will be provided to businesses displaced by Model Cities projects.

- 3. In order to carry out this activity, operating agency's staff will:
 - a. Interview eligible displacees.

208346

EXHIBITA

- b. Relocate eligible displacees and provide follow-up payments where necessary.
- c. Maintain up-to-date listing of resources from housing referral agencies.
- d. Maintain relationship with displacing agencies to obtain relocation referrals.

Time of Performance: The time of performance will be between April 1, 1973 and June 30, 1974.

Citizen Advisory Committee: City shall be required to maintain a project advisory board composed of at least two-thirds (2/3) Model Neighborhood Area residents. Projects partially funded by Model Cities will have a proportionate number of Model Neighborhood Area residents on the advisory board.

Legend	
	Planned
	Actual

Model Cities Program - City of San Diego PROJECT WORK PROGRAM

Page 1 of 3 pages Month of

PROJECT Relocation

OPERATING AGENCY City of San Diego, Community Development Department PROJECT NO. SDMC-P-4 Redevelopment Agency

PROJECT ELEMENTS/SUB-PROJECTS KEY ACTIVITIES	1	2	3	4	5	6	7	8	1 9	10	11	12	
 I. Establish relationships with housing and potential displacing agencies. A. Set up systematic process for receiving referrals from Code Enforcement. 					·	9				- W	918302	8	
B. Work with VA, FHA, Housing Authority Rent Supplement pro- jects to develop and maintain up-to-date record of housing resources. C. Contact realtors, and brokers to obtain up-to-date listings of												KHIB	
homes provided through their listings. II. Establish relationships with social agencies to facilitate needs to displace.											,		
A. Contact with welfare to keep abreast of clients they have who are in substandard housing.													:
B. Maintain contact with Legal Aid for advice on eviction, rent increases, etc., homeowner and tenant rights, etc.												·	
C. Maintain contact with FEPC and HUD to advise on housing dis- crimination and other non-legal housing practices.													
D. Maintain contact with other social agencies who can assist the displacee.													,
CD-201													

- State

Legend	
	Planned
	Actual

Model Cities Program - City of San Diego PROJECT WORK PROGRAM

Page 2 of 3 pages Month of

PROJECT Relocation

OPERATING AGENCY <u>City of San Diego, Community Development</u> Department PROJECT NO. <u>SDMC-P-4</u> Redevelopment Agency

PROJECT ELEMENTS/SUB-PROJECTS	 	2	3	4	5	6	7	8	1 9	10	11	12
II. Prepare relocation work program, contracts, Agreements Manual.				. 4		0		0	9	10		
7. Identify potential displacement from:									·			08346
A. Code enforcement. B. Other projects that are a material part of the Model Cities plan.		ļ				na saan aan uuda dun aa saan aan aan dun		- gain thin thin can can				V
Initiate and develop community awareness of the Relocation Plan in the Model Neighborhood.						·		·				
A. Committee meetings. B. Meeting with each area in the Model Neighborhood. C. Monthly article in Model Cities Newspaper.								- and good days comp com-				
D. Distribute informational materials including bilingual translations prepared in the Third Action Year.	·											
. Formal Progress Reports.												
A. Semi-annual HUD reports.B. Monthly status report.C. Revision of all reports to reflect changing activities.												
						·						
201												

Legend	
	Planned
	Antual

Model Cities Program - City of San Diego PROJECT WORK PROGRAM

Page 3 of 3 pages
Month of

PROJECT Relocation

OPERATING AGENCY City of San Diego, Community Development Department PROJECT NO. SDMC-P-4 Redevelopment Agency

PROJECT ELEMENTS/SUB-PROJECTS													
KEY ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	
VII. Termination of Model Cities' role in project.												91	
*A. Terminate project services. *B. Terminate staff except Director and/or one other key person. *C. Utilize all accumulated vacation								nes and the ant her a				208346	
time. D. Institute procedures outlined in Section 4.06.00 of Operating Agency Manual. *E. Terminate remaining staff.	•	•					,	,		,	`		
*These steps are mandatory unless Operating Agency furnishes Model Cities with an official written notification by June 1, 1974, that other funds will be available to sustain project operations beginning July 1, 1974.								•					
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MODEL CITIES PROGRAM - CITY OF SAN DIEGO PROJECT PROGRESS REPORT

Page _	1 of	1.	Pages
Month	of _		
	Monti	ns T	o Date

•				
PROJECT OPERATING AGE		PROJECT	r no	
OPERATING AGE	NUY			

PROJECT ELEMENTS/SUB-PROJECTS	1		'Month			To Date			
OUTPUT MEASURES	Unit	Plan	Actual	%	Plan	Actual	%	REMARKS	
<pre>I. Persons relocated. A. # of code enforcements -</pre>	Romilu		·						9
Family.	Family						,		e e
<pre>B. # of code enforcements - Individual.</pre>	Indiv.								208346
II. Housing.									
placees.	Homes			•					
rented to displacees.	Units								١ ,
rented to displacees.	Units								ŧ 1
D. # of private standard units rented to displacees.	Units								•
III. Publicity (Press releases, etc.)									
meetings.	Mtgs.								
attended.	Mtgs.								
articlès.	Articl								•
	Nwsltr								
IV. Progress reports.									
	Report Report								
CD-203									
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A Contraction

MODEL CITIES PROGRAM - CITY OF SAN DIEGO PERFORMANCE STANDARDS

Page 1 of 1 Pages

PROJECT Relocation PROJECT NO. SDMC-P-4
OPERATING AGENCY City of San Diego, Community Development Department, Redevelopment Agency

	PROJECT ELEMENTS/SUB-PROJECTS			TOM				ANDARD						
-	OUTPUT MEASURES		2	3	4	5	6	77	8	9	10	11_	12	
I.	Persons relocated. A. # of code enforcement families. B. # of code enforcement individuals.	2	2	2	2	1 1	1	1 1	2	2 1	2	2 1		208346
II.	Housing.]					35
	A. # of FHA homes sold.B. # of leased housing units rented to displacees.C. # of businesses re-established.		1	1	1	2	1	2	1	2	1	2		8
II.	Publicity.							į						į į
	A. Grievance committee meetings.B. Area committee meetings attended.C. Brochures distributed.	1 1 200	1	1	1	1	1	1 200	1	1	1	1 1 100		
	CD-202												•	

MODEL CITIES PROGRAM - CITY OF SAN DIEGO

QUARTERLY TRAINING REPORT

PROJECT	Re.	location					4	Projec	t No	SDMC-P	-4	16
OPERATING	AG ENCY	City of	San Dieq	o, Commu	nity I	Developmen	t Depart	mentMonth	·	to		- 89 - 89
Training F		Developed		Redevo	elopme	ent Agency Instituted			Assista	nce Reques Yes No		208346
	7	Base Line	Data		New	Starts P	revious Q	uarter	Tota	1 Started	Since Plan	Instituted
STAFF	No.	Academic	In- Service	Pre- Service	No.	Academic	In- Service	Pre- Service	No.	Academic	In- Service	Pre- Service
PROFESSIONAL												
MNR	<u> </u>											
Non-MNR												
PROFESSIONAL	4											}
MNR												
-Non-MNR												
CLERICAL	ļ							!				
MNR												,
Non-MNR												;
TRAINEE								•				
MNR	,											•
Non-MNR												:
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MC-206												
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MODEL CITIES PROGRAM - CITY OF SAN DIEGO

QUARTERLY MANPOWER REPORT

PROJECT Relocation			Project No.	SDMC-P-4
OPERATING AGENCY City o	f San Diego.	Community	Month	
Develo	pment Departi	ment, Redevelop-		
ment A	gency	_		\
	Professional	Paraprofessional	Clerical	Trainee
No of Positions			·	
No. of Positions				
No. Hired				
MNR			<u> </u>	
Non-MNR			-	
Race	1		1	
Black				
Mexican-American				
Caucasian				
Oriental				•
Other				
Sex		,	1	
Male	1			
Female	•	`		
Full-Time				
Monthly Salary				
Over \$1,000				
800 - 999				
600 - 7 99				
435 - 599			<u> </u>	
Under 435				
Part-Time			1	
20 - 30 hrs/wk	· ·			
10 - 19 hrs/wk				
Under 10 hrs/wk			<u> </u>	
Hourly Wage			1	İ
Over \$5.50				<u> </u>
4.50 - 5.50				}
3.50 - 4.49				
2.50 - 3.49	<u> </u>			[
Under 2.50				
Job tenure	}		1	
Yes				
No		,		
Age				
16 - 20				1
21 - 26			 	
27 - 32				
33 - 40			<u> </u>	
41 - 46 Over 46				
U 4 U A T U				L

MC-205

MODEL CITIES PROGRAM - CITY OF SAN DIEG

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QUAR?	TERLY P	ARTICIPAN'	r/BENEFIC	IARY I	REPORT			

Reloca Derating Agency City of S	San Diego, Community	Development Departmen	Project No	sDMC-P-4 9 55 55 55 55 55 55 55 55 55 55 55 55 5					
Redevelor	oment Agency		Honens	<u> </u>					
Participant/Beneficiary	# of Persons Receiv			OTHER SERVICES					
Characteristics	FAMILY	INDIVIDUAL	Tenant Legal Rights Counseling	Provide Subsidized Rental Information					
RESIDENCY 1. Owner			_						
2. Owner-Occupant									
3. Tenant									
AGE									
1. under 16									
2. <u>16-18</u>									
3. 19-24 4. 25-35	···	•							
5. · 36-45									
6. 46-65									

EMPLOYMENT STATUS 1. Employed	٠.								
2. Unemployed	•	•							
SEX 1. Male									
2. Female				•					
			• • •	11					
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### MODEL CITIES PROGRAM - CITY OF SAN DIEGO

| Page | 2 | of | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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### QUARTERLY PARTICIPANT/BENEFICIARY REPORT

| •               | ating Agency City of             | San Diego, Community De                              | velopment Department |                                | to 30                                    |  |
|-----------------|----------------------------------|------------------------------------------------------|----------------------|--------------------------------|------------------------------------------|--|
| Paï             | ticipant/Beneficiary             | # of Persons Receiving S<br>Relocation to Standard B |                      | OTHER SERVIC                   | CES                                      |  |
| Characteristics |                                  | FAMILY                                               | INDIVIDUAL           | Tenant Legal Rights Counseling | Provide Subsidized<br>Rental Information |  |
| 1.              | ETHNIC BACKGROUND Afro-American  |                                                      |                      |                                |                                          |  |
| 2.              | Caucasion                        |                                                      |                      |                                |                                          |  |
| 3.<br>4.        | Mexican-American American Indian |                                                      |                      |                                |                                          |  |
| <b>5.</b>       | Other                            |                                                      |                      |                                |                                          |  |
|                 | MARITAL STATUS                   |                                                      |                      |                                |                                          |  |
| 1.              | Unmarried                        |                                                      |                      | ·                              |                                          |  |
| 2.              | Married                          |                                                      |                      |                                | ***                                      |  |
| ,               | INCOME LEVEL                     |                                                      |                      |                                |                                          |  |
| 1.              | Under 3,000                      | •                                                    | ŀ                    |                                |                                          |  |
| 2.              | 3 - 5,000                        |                                                      |                      |                                |                                          |  |
| 3.              | 5 - 7,000                        |                                                      |                      |                                | ÷                                        |  |
| 4.              | 7 - 9,000                        | •                                                    |                      |                                |                                          |  |
| 5.              | 9 - Over                         |                                                      |                      |                                |                                          |  |
|                 |                                  |                                                      |                      | •                              |                                          |  |

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## MODEL CITIES PROGRAM - CITY OF SAN DIEGO

RELOCATION STATUS REPORT

| Date: |
|-------|
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| PROJECT Relocation                                |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REPORT FOR | R MONTH ENDING                        |                       |
|---------------------------------------------------|--------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------|-----------------------|
| Operating Agency City of San D.<br>Redevelopment  | iego, Commu                          | nity Developmen | t Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PROJECT    | NO. SDMC-P                            | -4                    |
|                                                   | Agency                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| RELOCATED THIS MONTH                              | Families                             | Individuals     | Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | PLANNED<br>Fam. & Ind.                | ACTUAL TO             |
| Code Enforcement                                  |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       | 3                     |
| Other:                                            |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ľ          |                                       |                       |
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| CUMULATIVE OF THOSE RELOCATED                     | Families                             | Individuals     | Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Planned<br>Fem. & Ind.                | Actual<br>Fam. & Ind. |
| Code Enforcement                                  |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| Other:                                            |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | · · · · · · · · · · · · · · · · · · · |                       |
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|                                                   |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| CUMULATIVE DISPLACEMENT THROUGH<br>PREVIOUS MONTH | Families                             | Individuals     | Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Planned<br>Fam. & Ind.                | Actual<br>Fam. & Ind. |
| Code Enforcement                                  |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| Other:                                            |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
|                                                   |                                      | •               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
|                                                   |                                      |                 | and the second of the second o |            |                                       | (.1                   |
| NUMBERS OF PERSONS<br>RELOCATED INTO: Cumulative  | Total Month<br>Allocated<br>Families | ly Individuals  | Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Planned<br>Fam. & Ind.                | Actual<br>Fam. & Ind. |
| Public Housing                                    |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| Standard Private Rentals                          |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4          |                                       |                       |
| Standard Sales Housing                            |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| SUB-Stand Housing                                 |                                      |                 | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                       |                       |
| Too distant to Inspect (State where)              | 1                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| Where abouts unknown tracing                      |                                      | ·               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| Where abouts unknown tracing abandoned            |                                      | ·               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| New Jusiness sites                                |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                       |                       |
| Discontinued operations                           |                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | <u> </u>                              |                       |

\*Displace has moved to standard housing as of last month's report.

Jac Salar

Date:

#### MODEL CITIES PROGRAM - CITY OF SAN DIEGO

| RELOCATION | STATUS | REPORT |
|------------|--------|--------|

| PROJECT Relocation                |                                |                 |              |                     |           |         |
|-----------------------------------|--------------------------------|-----------------|--------------|---------------------|-----------|---------|
| Operating Agency City of San Di   |                                | ity Development | : Department | PROJECT NO          | o. SDMC-P | -4      |
| Redevelopment                     | Agency                         |                 |              |                     | \<br>     |         |
| CUMULATIVE THROUGH PREVIOUS MONTH | Families                       | Individuals     | Business     | Payment<br>Verified | Planned   | Actual  |
| Moving Expenses                   |                                |                 |              |                     |           | -       |
| Property Loss                     |                                |                 |              |                     |           | 25      |
| Dislocation Allowance             |                                |                 |              |                     |           | 50833   |
| Replacement Housing Payment       |                                |                 |              |                     |           | 73(     |
| REMAINING TO BE RELOCATED         | Families                       | Individuals     | Business     |                     | Planned   | Actual  |
| Code Enforcement                  |                                |                 |              |                     |           |         |
| Other:                            |                                |                 |              |                     |           |         |
|                                   |                                |                 |              |                     |           |         |
|                                   |                                |                 |              |                     |           |         |
| RELOCATION PAYMENTS THIS MONTH    | Total<br>Allocated<br>Families | Individuals     | Business     | Payment<br>Verified | Planned   | Ac tua1 |
| Moving Expenses                   |                                |                 |              |                     |           |         |
| Property Loss                     |                                | ,               |              |                     |           |         |
| Dislocation Allowance             |                                |                 | •            |                     |           |         |
| Settlement Cost                   |                                |                 |              |                     |           |         |
| Replacement Housing Payment       |                                |                 |              |                     |           |         |
|                                   |                                |                 |              |                     |           |         |

18/20

### RESIDENT EMPLOYMENT AND TRAINING

Reporting Period

|              | PROJECT N          | AMEF | Relocat              | ion - | SDMC-P-                        | 4       |   |                        |   |                                     | From       | to                                           | . <del></del> |
|--------------|--------------------|------|----------------------|-------|--------------------------------|---------|---|------------------------|---|-------------------------------------|------------|----------------------------------------------|---------------|
| TULL<br>TIME | TOTAL<br>EMPLOYEES |      | %<br>Minor-<br>ities | %     | % Viet-<br>nam Era<br>Veterans | PROFES- | % | TOTAL<br>CLERI-<br>CAL | % | TOTAL<br>PARA-<br>PROFES-<br>SONALS | %<br>MNR's | TRAINING # employ- ees cur- rently receiving | 208346        |
| BART<br>TIME | •                  |      | ·                    |       |                                | ·       |   |                        |   |                                     |            | ·                                            |               |

| •         | JOB UPGRADINGS                         |                                               |  |  |  |  |
|-----------|----------------------------------------|-----------------------------------------------|--|--|--|--|
|           | # ex- pected next report- ing per- iod | # in<br>current<br>report-<br>ing per-<br>iod |  |  |  |  |
| FULL TIME |                                        |                                               |  |  |  |  |
| PART TIME | •                                      |                                               |  |  |  |  |

# MODEL CITIES DEPARTMENT - CITY OF SAN DIEGO Quarterly Citizen Participation Performance Standard

| OPERATING AGENCY <u>City of San Diego, Community Development Departmen</u> t |       |        |       |        |  |  |  |  |  |
|------------------------------------------------------------------------------|-------|--------|-------|--------|--|--|--|--|--|
|                                                                              | First | Second | Third | Fourth |  |  |  |  |  |
| Number of meetings                                                           |       |        |       | •      |  |  |  |  |  |
| Average number of MNR's<br>in attendance per<br>meeting                      |       |        |       |        |  |  |  |  |  |
| Average number of<br>Board members in<br>attendance per meeting              |       |        |       |        |  |  |  |  |  |

Relocation - SDMC-P-4

#### NARRATIVE

Significant decisions and/or inputs the board made during the quarter.

PROJECT

| OPERING AGENCY                                                |                            | , <u>,</u> ,        |                 | PROJECT |            |       |                |  |  |  |
|---------------------------------------------------------------|----------------------------|---------------------|-----------------|---------|------------|-------|----------------|--|--|--|
| City of San Diego Comm                                        | nunity De                  | velopme             | nt Dept.        |         | Relocati   | on    |                |  |  |  |
| MODEL CITIES                                                  | PROJECT BUI                | DGET                |                 |         |            |       |                |  |  |  |
| CONTRACT PERIOD                                               |                            |                     |                 |         | Relocati   | on    |                |  |  |  |
| FROM: 4-1-73 TO: 6-30-74 ORIGINAL SUBMISSION X REVISION NO. 1 |                            |                     |                 |         |            |       |                |  |  |  |
|                                                               | PRIOR                      | CURRENT<br>APPROVED | REQUESTED FUNDS |         |            |       |                |  |  |  |
| · •                                                           | YEARS<br>MC GRANT<br>FUNDS | BUDGET<br>MC GRANT  |                 | нои     | MC GRANT F | UNDS  | TOTAL          |  |  |  |
|                                                               | FUNDS                      | FUNDS *             | MC GRANT        | FEDERAL | STATE      | LOCAL | (Col. 5 & 6) * |  |  |  |
| (2)                                                           | (3)                        | (4)                 | (5)             | (6a)    | (6b)       | (6c)  | (7)            |  |  |  |
| PERSONAL SERVICES                                             | 40,490                     | 0                   | 0               |         |            |       | 0              |  |  |  |
| NON-PERS. EXPENSE                                             | 403,082                    | 0                   | 0               |         |            |       | 0              |  |  |  |
| OUTLAY EQUIPMENT PROPERTY ACQUIS. CONSTRUCTION                | 1,970                      | 0                   | 0 ·             |         |            |       | 0              |  |  |  |
| OUTLAY TOTAL                                                  | 1,970                      | 0                   | 0               |         |            |       | 0              |  |  |  |
| SUB-TOTAL —<br>NON-PERS. EXP. & OUTLAY                        | 405,052                    | 0                   | 0               |         |            |       | 0              |  |  |  |
| GRAND TOTAL                                                   | 445,542                    | 0                   | 0               |         |            |       | 0              |  |  |  |
|                                                               | TOTAL LOC                  | AL SHARE B          | REAKDOWN        | BY:     | CASH       |       |                |  |  |  |
|                                                               |                            |                     |                 |         | IN-KIND    |       |                |  |  |  |

\*NOTES: No new funds are being allocated in the Third Action Year. The project will operate on Federal Relocation Funds carried over from the Second Action Year. This submission will serve to detail the budgeted use of carryover monies in the Third Action Year.

| 0                                |         | E A PIBI              |         |
|----------------------------------|---------|-----------------------|---------|
| REVIEW AND APPROVAL              |         |                       |         |
| 8.7. Digson                      | 6-18-73 | 20834                 | 6       |
| OPERATING AGENCY DIRECTOR        | DATE    | AUTHORIZATION         |         |
| Cleves Lichard Jan               | 6-20-73 | ( ) Demoney           | 6/20/73 |
| ASSOC. ADMIN. FOR PLANNING AND   | DATE    | MODEL CITIES DIRECTOR | DATE    |
| Corrie Winsten                   | 6-20-73 | Midle for intert      | 1/10/-  |
| ASSOC. ADMINISTRATOR FOR FINANCE | DATE    | SUDGET DIRECTOR       | DATE    |

| OPERATING AGENCY             |                   | 1 ,                            | ,        | PHOJECT      |                     |       |              |
|------------------------------|-------------------|--------------------------------|----------|--------------|---------------------|-------|--------------|
| .City of San Diego Comm      | unity De          |                                |          |              | Relocati<br>ATEGORY | on    |              |
| BUDGET EXHIBIT FOR           | OPERATING         | AGREEMEN                       | T        |              | Relocati            |       |              |
| CONTRACT PERIOD FROM: 4-1-73 | то: 6-30          | -74                            | ORIGINA  | L SUBMISSION |                     |       | 1            |
|                              | PRIOR             | CURRENT                        |          | REQU         | JESTED FUND         | os    |              |
| COST CATEGORY                | YEARS<br>MC GRANT | APPROVED<br>BUDGET<br>MC GRANT | MC GRANT | NON          | MC GRANT FU         | NDS   | TOTAL        |
|                              | FUNDS             | FUNDS                          |          | FEDERAL      | STATE               | LOCAL | (Col. 5 & 6) |
| (2)                          | (3)               | (4)                            | (5)      | (6a)         | (6b)                | (6c)  | (7)          |
| PERSONAL SERVICES            | 40,490            | 0                              | 0        |              | -                   |       | · <b>0</b>   |
|                              |                   |                                |          |              |                     |       |              |
| NON-PERS. EXP. & OUTLAY      | 405,052           | 0                              | 0        |              |                     |       | 0            |
| GRAND TOTAL                  | 445,542           | 0                              | 0        |              |                     |       | 0            |
|                              | TOTAL LOC         | CAL SHARE                      | BREAKDOW | N BY:        | CASH<br>IN-KIND     |       | $\times$     |

NOTES:

208346

BD-194A (12-71)

# POSITION AND SALARY SCHEDULE

| FUND                                    |               | FUNCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DEPT. NO.                           | DEPARTME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NT NAME                  |                                |                                         |                    |                   | DATE                | FISCAL YEAR                             |
|-----------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------|-----------------------------------------|--------------------|-------------------|---------------------|-----------------------------------------|
| 20                                      | Λo            | Polosition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 77 26                               | C + + · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of C                     | Diago C                        | ammii = 4 +                             | u Dana'            | 1 a n m a = 4     | 7-1-73              | 2                                       |
| 29                                      |               | Relocation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 77.26                               | LITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or San                   | Diego C                        | ommun 1 t                               | y veve             | opment            | thru                | 3rd Action                              |
| RA                                      | ARY           | POSITION TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POSITION                 | QUOTA                          |                                         | AVERAGE<br>SALARY  |                   | 6-30-74<br>SALARIES |                                         |
| PRES-<br>ENT                            | PRO-<br>POSED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ;                                   | PRIOR YR.<br>BUDGET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CURRENT<br>BUDGET        | PROPOSED<br>BUDGET             | FINAL<br>BUDGET                         | FOR                | CURRENT<br>Budget | PROPOSED<br>BUDGET  | FINAL<br>BUDGET                         |
| *****                                   |               | Assistant Relocation Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ficer                               | 1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1,161                    | 1.250                          |                                         | 12,603             | 12,852            | 15,754              |                                         |
|                                         |               | Relocation Aide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2.322                    | 1,250                          |                                         | 9,493              | 17,904            | 11,866              | 9                                       |
| ************                            |               | Intermediate Typist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | , Ö                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.082                    | 1.250                          |                                         | 7,321              | 6,896             | 9,151               | 208346                                  |
| *************************               |               | Subtotal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                |                                         |                    | 37,652            | 36,771              | 308                                     |
| *************************************** |               | Less Savings to Sept 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.1972                              | A 8 MANUEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                |                                         |                    | (4,165)           |                     |                                         |
| **********                              |               | Grand Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | 2.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4.565                    | 3.750                          |                                         |                    | 33,487            | 36,771              | المتدرار                                |
|                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *********                           | *** 35 **** 55 **** ** * * * * * * * * *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                |                                         |                    |                   |                     |                                         |
| *************************************** |               | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | 1116 (4 1 1898 ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                |                                         |                    |                   |                     |                                         |
|                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                |                                         |                    |                   |                     | <b>.</b>                                |
| *************************************** |               | INTERNATIONAL PROPERTY OF THE  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                |                                         |                    |                   |                     |                                         |
| <b></b>                                 |               | Made and the state of the state |                                     | A SECTION ASSESSMENT OF THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | the state of the               |                                         |                    |                   |                     |                                         |
|                                         |               | The state of the s |                                     | ******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A 4-444 St. 141 / 241 44 |                                |                                         |                    |                   |                     |                                         |
|                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***********                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | The sale of the species of the |                                         |                    |                   |                     |                                         |
|                                         |               | AND THE PROPERTY OF THE PROPER |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                |                                         |                    | M                 |                     | ·                                       |
| 4                                       |               | A COMMISSION OF THE PARTY OF TH | particular programme and programme. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                |                                         |                    |                   | - 548-0-1-41-1-5    | ,                                       |
| <del></del>                             |               | The transportation of the production of the contract of the co |                                     | arm a commensus rear a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | **************                 |                                         | 11 (00001112) 2 14 |                   |                     |                                         |
|                                         |               | The state of the s |                                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                | 4 1 1 1 1 1                             |                    |                   |                     |                                         |
| ***********                             |               | .mtr.market neuron paracent and the control of the  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                |                                         |                    |                   |                     |                                         |
|                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | ##**** # 1 #*********** # 1 ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | - • • • • • • •                | * 1 1 100 1100 1100 1100 1100 1100 1100 |                    |                   |                     | •                                       |
| <del></del>                             |               | LA MANAGAM PROPERTY CONTROL (PARTY CONTROL CON |                                     | *****************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                |                                         | l                  | ,                 |                     |                                         |
| <del></del>                             |               | The state of the control of the state of the |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                | A                                       |                    | ap 4. 11          |                     |                                         |
|                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a sa matematic harmon a ferra       | Section 1. Control of the Control of |                          | l                              |                                         |                    |                   |                     |                                         |
|                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Lader , ja ag redgejan 196 i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | İ                              |                                         |                    |                   |                     |                                         |
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ANNUAL BUDGET REQUEST
t FUND NO. 2903 FISCAL YEAR 3rd Action

DEPT./DIV. City of San Diego Community Development Relocation 77.26

' DATE July 1, 1973

| Kelocation                   |             |             | THAT EVOLVE | CINOPEN IN I.A. |                |              |                                | 1 <del></del>         |                 |
|------------------------------|-------------|-------------|-------------|-----------------|----------------|--------------|--------------------------------|-----------------------|-----------------|
| DEPT./ACTIVITY & DESCRIPTION | ACCI.<br>NO | First       | Second      | CURRENT YEAR    | TO DATE ACTUAL | EST. TOTAL   | DEPARIMENTAL<br>BUDGET REQUEST | PRELIMITARY<br>BUDGET | FINAL<br>BUDGET |
| Openition                    |             | Action Year | Action Year | 3 month         | EXPENDITURES   | EXPENDITURES | BUDGET REQUEST                 | 15 month              | 500061          |
| Personal Services            | 1151        | 7,003       | 33,487      | 6,519           |                |              | 30,252                         | 36,771                | Q)              |
| Telephone                    | 2212        | 145         | 967         | 174             |                |              | 600                            | 774                   | 7               |
| Transportation               | 2215        | √519        | 1,237       | 300             |                |              | 960                            | 1,260                 | 208346          |
| Comp. Insurance              | 2424        | 15          | 302         | 59              |                |              | 272                            | . 331                 | )<br> <br>      |
| Emp. Group Insurance         | 2425        | 66          | 531         | 117             |                |              | 545                            | 662                   |                 |
| Postage                      | 3211        | 6           | 51          | 15              |                |              | 60                             | 75                    |                 |
| Scheduled Travel             | 3213        | 0           | 498         | 0               |                |              | 120                            | 120                   |                 |
| Unscheduled Travel           | 3215        | 0           | 49          | 0               |                |              | 0                              | 0                     |                 |
| Spec. Dept. Exp.             | 3217        | 20          | 7 .         | 0               |                |              | . 0                            | 0                     |                 |
| Printing                     | 3231        | 0           | 483         | 0               |                |              | 0                              | 0                     |                 |
| Xerox                        | 3236        | 0           | 0           | 0               |                |              | 146                            | 146                   |                 |
| Prof. Serv.                  | 3295        | 0           | 867         | 0               |                |              | 0                              | 0                     |                 |
| Misc. Contr. Serv.           | 3299        | 1,212       | 5,579       | 1,650           |                |              | 8,276                          | 9,926                 |                 |
| Office Supplies              | 3301        | 291         | 1,442       | 135             |                |              | 1,020                          | 1,155                 |                 |
| Medical Supplies             | 3313        | . 0         | 1           | 0               |                |              | 0                              | 0                     |                 |
| Small Tools                  | 3314        | 0           | 3           | 0               |                |              | 0                              | 0                     |                 |
| Elect. Mat.                  | 3352        | 0           | 2           | 0               |                |              | 0                              | 0                     |                 |
| Paints, Oil, Glass           | 3355        | . 0         | 2           | 0               |                |              | 0                              | 0                     |                 |
| Books                        | 3360        | 0           | 10          | 0               | ,              |              | 0                              | 0                     |                 |
| Periodicals                  | 3361        | . 6         | 10          | 0               |                |              | 36                             | 36                    | •               |
| Disloc.Allow.Fam.            | 3403        | 400         | 24,972      | - 400           |                |              | 600                            | 1,000                 |                 |
| Fixed Bus. Payment           | 3404        | 0           | 14,748      | 0               |                |              | 0                              | 0                     |                 |
| Moving ExpInd.               | 3405        | 278         | 2,592       | 600             |                |              | 0                              | 600                   | ,               |
| Moving ExpFam.               | 3406        | 3,692       | 15,566      | 1,200           |                |              | 7,800                          | 9,000                 | _ ا             |
| Moving ExpBus.               | 3407        | 0           | 9,834       | 0               |                |              | 0                              | 0                     | ,               |
| A.R.P.                       | 3408        | 124         | 0           | 0               |                | į            | 0                              | 0                     |                 |

DEPI./DIV. City of San Diego Community Development

DATE July 1, 1973

| Relocati                          | on 77.       | 26     |                       |                                 |                             |                            |                                      |                             |                 |
|-----------------------------------|--------------|--------|-----------------------|---------------------------------|-----------------------------|----------------------------|--------------------------------------|-----------------------------|-----------------|
| DEPT./ACTIVITY & .<br>DESCRIPTION | ACCT.<br>NO. | First  | Second<br>Action Year | CURRENT YEAR  3 BUDGET  3 MONTH | TO DATE ACTUAL EXPENDITURES | EST. TOTAL<br>EXPENDITURES | DEPARIMENTAL BUDGET REQUEST 12 month | PRELIMINARY BUDGET 15 month | F.HAL<br>BUDGET |
| Add. RelocFam.                    | 3409         | 124    | 1,084                 | 0                               |                             |                            | 0                                    | 0                           | :               |
| RHP-TCO                           | 3410         | 49,843 | 171,700               | 14,000                          |                             |                            | 38,500                               | 52,500                      |                 |
| Xerox                             | 3414         | . 0    | 0                     | 0                               |                             |                            | 0                                    | 0                           | ٠,              |
| Replacement Housing               | 3416         | , 0    | 56,964                | 30,000                          |                             |                            | 21,700                               | 51,700                      | ų.              |
| Dislocation Housing               | 3420         | 4,600  | 27,734                | 400                             |                             |                            | 2,000                                | 2,400                       | 03 60 OG        |
| Retirement                        | 3450         | 135    | 2,314                 | 650                             |                             |                            | 3,016                                | 3,666                       | l · Ş           |
| Social Security                   | 3452         | 207    | 1,850                 | 381                             |                             |                            | 1,770                                | 2,151                       |                 |
| Total Non Personal                |              | 61,683 | 341,399               | 50,081                          |                             |                            | 87,421                               | 137,502                     | `               |
| Equipment Outlay                  | 4540         | 970    | 1,000                 | 0                               |                             |                            | 227                                  | 227                         |                 |
| Grand Total                       |              | 69,656 | 375,886               | 56,600                          |                             | <b>,</b>                   | 117,900                              | 174,500                     |                 |
|                                   |              |        |                       |                                 |                             |                            |                                      |                             |                 |
|                                   |              |        |                       |                                 |                             |                            |                                      |                             |                 |
|                                   | <u> </u>     |        |                       |                                 |                             |                            |                                      |                             |                 |
|                                   |              |        |                       |                                 |                             |                            |                                      |                             |                 |
|                                   |              |        |                       |                                 |                             |                            |                                      |                             |                 |
|                                   | <b>.</b> .   |        |                       |                                 |                             |                            |                                      |                             |                 |
| •                                 |              |        |                       |                                 |                             | [                          |                                      |                             |                 |
|                                   |              |        |                       |                                 |                             |                            |                                      |                             |                 |
|                                   |              |        |                       |                                 |                             |                            |                                      |                             |                 |
| •                                 |              | ,      |                       |                                 |                             |                            |                                      |                             | •               |
|                                   |              |        |                       |                                 |                             | ł                          |                                      |                             |                 |
|                                   |              |        | ·                     |                                 |                             |                            |                                      |                             |                 |
|                                   |              |        |                       |                                 |                             |                            |                                      |                             |                 |
| •                                 |              |        |                       |                                 |                             | <u> </u>                   |                                      |                             |                 |
|                                   |              |        |                       |                                 |                             |                            |                                      |                             |                 |
| •                                 |              |        |                       |                                 |                             |                            |                                      |                             | ·               |
| •                                 | 1            | 1      | 1                     | L                               | I                           | L                          | I                                    | L                           | l               |

## 3 Month Budget' -

Estimated cost of \$58.00 per month X 3 months

\$174.00

## . 12 Month Budget

Estimated cost of \$50.00 per month\* X 12 months =

\$600.00

\* Average actual cost for past 15 month period 2 lines 3 extensions
Monthly Service Charge 12.00
Average Long Distance 12.00
Average Message Unit 26.00
\$50.00

TOTAL

\$774.00

# 208346

| 3rd Action                   | DEPT./ACTIVITY NO. | OBJ. ACCT. NO. |
|------------------------------|--------------------|----------------|
| Year Telephone and Telegraph | 77.26              | 2212           |

BD-121 (REV.11-69)

## 3 Month Budget'

Estimated cost of \$100.00 per month X 3 months =

\$300.00

## 12 Month Budget

Estimated cost of \$80.00 per month X 12 months =

\$960.00

Two employees receive mileage.

(291 estimated miles per month each)

TOTAL

\$1,260.00

208346

3rd Action Transportation Allowance 77.26 2215

**OBJECT ACCOUNT BUDGET EXPLANATION** 

BD-121 (REV.11-69)

1

Cost for Group Insurance at 1.8% X \$36,771 (Gross Salaries) = \$662.00

TOTAL

\$662.00

3 Month Budget

12 Month Budget

\$117.00

\$545.00

208346

| FISCAL YEAR        | OBJECT ACCOUNT TITLE     | DEPT./ACTIVITY NO. | OBJ. ACCT. NO. |
|--------------------|--------------------------|--------------------|----------------|
| 3 <u>rd Action</u> | Employee Group Insurance | 77.26              | 2425           |

OBJECT ACCOUNT BUDGET EXPLANATION

BD-121 (REV.11-69)

free state

TRAVEL REQUEST SUMMARY CITY OF SAN DIEGO 77.26 FORM BD+1313 (10-67) 2, REF. 7. DEPT, EST. EXPENSES DESTINATION MEETING NAME DATE LEAVE BLANK Los Angeles Area Office Meeting To be determined 1 \$30.00 Area Office Meeting Los Angeles 2 30.00 1 Los Angeles 3 Area Office Meeting 30.00 1 Area Office Meeting Los Angeles 30.00 1 208346 \$ 120.00 \$

7

| TRA         | <b>AVEL</b> REQUEST and EXPE                                                       | NSE REPOR                | T                             | FISCAL                | YEAR                            | c                          | ITY OF SAN DIEGO   |              |  |
|-------------|------------------------------------------------------------------------------------|--------------------------|-------------------------------|-----------------------|---------------------------------|----------------------------|--------------------|--------------|--|
| 1. N        | AME OF TRAVELER                                                                    |                          |                               |                       | 2. TITLE                        |                            |                    | 3. DEPT.     |  |
|             | To be determined                                                                   |                          |                               |                       |                                 | To be determi              | ned                | 77. 26       |  |
| 4. R        | EF. NO. 5. OFFICIAL ME AREA OF                                                     | ETING NAME<br>FICE MEETI | ING                           |                       |                                 |                            |                    |              |  |
| 6. SF       | PECIFY BENEFITS TO BE DERIV                                                        | ED BY THE CIT            | THROUGH                       | ATTEND                | ENCE                            |                            |                    |              |  |
|             | To confer with HUD Ar<br>Cities Relocation Pro                                     | ea Office<br>gram        | Officia                       | ls rega               | rding implem                    | mentation of the Model     |                    |              |  |
| 7, 0        | ESTIN A TION                                                                       | 8. DATE OFM              | EETING                        | <del> </del>          | 9. DATE OF DE                   | PARTURE                    | 10. DATE OF RET    | TURN         |  |
|             | Los Angeles                                                                        | To be det                | termined                      |                       | To be deter                     | rmined                     | To be det          | ermined      |  |
|             | PRIVATE AUTO XX AIR                                                                | 12. DEPT. HE             | //                            | 54                    | )                               |                            |                    |              |  |
|             | BUDGET DETAIL 3                                                                    | UNITS                    | , P                           | ATE                   | AMOUNT                          | 15. LEAVE BLANK            | 16. APPROVING      | AU THORITY   |  |
|             | A. LODGING                                                                         |                          | \$                            |                       | \$                              | \$                         | APPROVAL           |              |  |
|             | B. MEALS                                                                           | 1                        |                               | 4.00                  | 4.00                            |                            |                    |              |  |
|             | C. TRANSPORTATION                                                                  | 1                        | 1                             | 16.00                 | 16.00                           |                            |                    |              |  |
|             | D. OTHER (SPECIFY)                                                                 |                          |                               |                       |                                 |                            |                    |              |  |
|             | (1) CAB                                                                            | 2                        |                               | 5.00                  | 10.00                           |                            |                    |              |  |
|             | (2)                                                                                |                          |                               |                       |                                 |                            |                    |              |  |
|             | (3)                                                                                | <u> </u>                 |                               |                       |                                 |                            |                    | •            |  |
| 14. E       | ESTIMATED TOTAL EXPENSES                                                           |                          |                               |                       | \$ 30.00                        | \$                         |                    |              |  |
|             | DATES                                                                              | SUNDAY                   | MONDAY                        | TUESDA                |                                 | THURSDAY FRED              | SATURDAY           | TOTALS       |  |
| TRA         | INSPORTATION / CAR MILEAGE                                                         |                          |                               |                       |                                 |                            |                    |              |  |
| TAX         | IS OR GARAGE                                                                       |                          |                               |                       |                                 |                            |                    | ļ            |  |
| нот         | EL                                                                                 | <u> </u>                 |                               |                       |                                 |                            |                    |              |  |
| TEL         | EPHONE AND TELEGRAPH<br>OFFICIAL CALLS ONLY)                                       |                          |                               |                       |                                 |                            |                    |              |  |
| TIP         | S                                                                                  |                          |                               |                       |                                 |                            | ĺ                  |              |  |
| s           | BREAKFAST                                                                          |                          |                               |                       |                                 |                            |                    |              |  |
| EAL         | LUNCH                                                                              |                          |                               |                       |                                 |                            |                    |              |  |
| M<br>M<br>E | DINNER                                                                             |                          |                               |                       |                                 |                            |                    |              |  |
| ОТН         | HER (SPECIFY)                                                                      |                          |                               |                       |                                 |                            |                    |              |  |
| ТОТ         | TALS                                                                               |                          |                               |                       |                                 |                            |                    |              |  |
|             | MUST BE FILED V<br>Attach receipts for<br>Items on report are<br>Give names and bu | Hotel. Transportation    | portation and<br>ved travel e | d any Spe<br>xpenses. | cial Items.<br>Explain any spec | ial items on the rev       | erse side.<br>2083 | 46           |  |
|             |                                                                                    |                          |                               | OILS WITOS            | o meato were pare               | Total Expense              | ~000               |              |  |
| 10          | ertify that the foregoing statem                                                   | ent 15 correct.          |                               |                       |                                 | Less Cash Advant           |                    | <del> </del> |  |
|             | Signed                                                                             |                          |                               |                       |                                 | Due City Deposit Receipt N |                    |              |  |
| Da          | te Approve                                                                         | d                        | <u></u>                       |                       |                                 | Due Traveler               |                    |              |  |

FORM (D-1312 (10-67)

|         | IKA     | VEL KEQUE       | 31 and EXPE                                                                 | NSE KEPUN                              | ( )                          | FISCAL                   | YEAR                           |                | CI                                      | TY OF SAN D | HEGO   |          |
|---------|---------|-----------------|-----------------------------------------------------------------------------|----------------------------------------|------------------------------|--------------------------|--------------------------------|----------------|-----------------------------------------|-------------|--------|----------|
|         |         | ME OF TRAVE     |                                                                             |                                        |                              |                          | 2. TITLE                       | , , ,          |                                         |             | 3      | DEPT.    |
|         |         | o be deter      |                                                                             | ······································ | ·                            |                          | To                             | be deter       | mined                                   |             |        | 77.26    |
|         | 4. RE   | 2 2             | AREA OF                                                                     | FICE MEET                              | ING                          |                          |                                |                |                                         |             |        |          |
|         | 6. SP   | ECIFY BENEFI    | TS TO BE DERIV                                                              | ED BY THE CI                           | TY THROUG                    | H ATTEND                 | ENCE                           |                |                                         |             |        |          |
|         | T       |                 | RTHER ASCERT                                                                |                                        | REGULATI                     | ONS AND                  | PROVISIONS                     | TO ASSIS       | Т                                       |             |        | •        |
| 1.      | 7. DE   | STINATION       | ······································                                      | 8. DATE OF                             | MEETING                      |                          | 9. DATE OF D                   | EPARTURE       |                                         | 10. DATE OF | RETU   | RN       |
| JES     | L       | OS ANGELES      | S                                                                           | To be o                                | determin                     | ed                       | To be de                       | termined       |                                         | To be o     |        |          |
| REQUEST |         | PRIVATE AL      |                                                                             | 12. DEPT. HE                           | EAD APPRO                    |                          |                                |                | ••••••••••••••••••••••••••••••••••••••• |             |        |          |
| u,      |         | CITY VEHIC      |                                                                             | UNITS                                  |                              | RATE                     | AMOUNT                         | 15. LEAVE      | BLANK                                   | 16. APPROV  | ING AL | THORITY  |
| /EL     |         | . LODGING       |                                                                             |                                        | \$                           |                          | \$                             | \$             |                                         | APPROV      |        |          |
| TRAVE   | 8       | . MEALS         |                                                                             | 1                                      |                              | 4.00                     | 4.00                           |                |                                         |             |        |          |
|         | c       | :. TRANSPORTA   | TION                                                                        | 1                                      |                              | 16.00                    | 16.00                          |                |                                         |             |        |          |
|         | C       | O. OTHER (SPE   |                                                                             |                                        |                              |                          |                                |                |                                         |             |        |          |
|         |         | (1) CAI         | 3                                                                           | 2                                      |                              | 5.00                     | 10.00                          |                |                                         |             |        |          |
|         |         | (3)             | <del></del>                                                                 |                                        |                              |                          |                                |                |                                         |             |        |          |
|         | 14. E   | STIMATED TOT    | AL EXPENSES                                                                 |                                        |                              |                          | \$ 30.00                       | \$             |                                         |             |        |          |
|         |         | DATI            | E S                                                                         | SUNDAY                                 | MONDAY                       | TUESDA                   | WEDNESDAY                      | THURSDAY       | FRID                                    | AY SATUR    | DAY    | TOTALS   |
|         | TRAN    | NSPORTATION.    | CAR MILEAGE                                                                 |                                        |                              |                          |                                |                |                                         |             |        |          |
|         | TAX     | IS OR GARAGE    |                                                                             |                                        |                              |                          |                                |                |                                         |             |        |          |
|         | нотв    | EL              |                                                                             |                                        | }                            |                          |                                |                |                                         |             | }      |          |
|         |         | EPHONE AND TE   |                                                                             |                                        |                              |                          |                                |                |                                         |             |        |          |
| 1       | TIPS    | 5               |                                                                             |                                        |                              |                          |                                |                |                                         |             | }      |          |
| REPORT  | S       | BREAKFAST       |                                                                             |                                        |                              |                          | •                              |                |                                         |             |        |          |
| RE      | ME AL S | LUNCH           |                                                                             | }                                      |                              |                          |                                |                |                                         |             |        |          |
| ISE     | ×       | DINNER          |                                                                             |                                        |                              |                          |                                |                |                                         |             |        |          |
| EXPENSE | отн     | ER (SPECIFY)    |                                                                             |                                        |                              |                          |                                |                |                                         |             |        |          |
| E       | тот     | ALS             |                                                                             |                                        |                              |                          |                                |                |                                         |             |        |          |
| TRAVEL  |         | At<br>Ite       | UST BE FILED W<br>tach receipts for<br>ms on report are<br>we names and bus | Hotel. Trans                           | portation ar<br>wed travel e | nd any Spec<br>expenses. | cial Items.<br>Explain any spe | ecial items on |                                         | erse side.  | 08:    | 346      |
| _       | •       |                 |                                                                             |                                        |                              |                          | - mean nete pa                 | Total Expe     |                                         |             |        | <u> </u> |
|         | I C     | ertily that the | foregoing stateme                                                           | ent is correct.                        |                              |                          |                                | Less Cash      | Advanc                                  |             |        |          |
|         |         |                 | Signed                                                                      |                                        |                              |                          |                                | Due City       |                                         |             |        |          |
|         | Dat     | e               | Approved                                                                    |                                        |                              |                          |                                | Deposit Re     |                                         | U.          |        |          |
|         |         |                 |                                                                             |                                        |                              |                          |                                | Due Travel     | ler                                     |             | - 1    |          |

FORM CD-1312 (10-67)

| ŤF      | RAVEL REQU        | EST and EXPE                                                             | NSE REPOR                             | T                             | FISCAL                                 | YEAR                           | -                             | CI     | TY OF SAN DIEGO |          |  |
|---------|-------------------|--------------------------------------------------------------------------|---------------------------------------|-------------------------------|----------------------------------------|--------------------------------|-------------------------------|--------|-----------------|----------|--|
| 11.     | NAME OF TRAV      |                                                                          |                                       |                               |                                        | 2, TITLE                       |                               |        |                 | 3. DEPT. |  |
|         | To be det         | ermined                                                                  |                                       |                               |                                        | To be                          | determine                     | d      | v               | 77.26    |  |
| 4.      | REF. NO.          | 5. OFFICIAL ME                                                           |                                       | OFFICE N                      | MEETING                                |                                |                               |        |                 |          |  |
| 6.      | SPECIFY BENE      | FITS TO BE DERIV                                                         | ED BY THE CIT                         | Y THROUGH                     | ATTENDE                                | NCE                            |                               |        | <del></del>     |          |  |
|         |                   | To further a<br>assist the r                                             |                                       |                               |                                        | ns and provisions to           |                               |        |                 |          |  |
| 7.      | LOS ANGEL         | ES                                                                       | 1                                     | etermine                      |                                        | To be det                      |                               |        | To be det       |          |  |
| 7.      | PRIVATE           | LUTO X AIR                                                               | 12. DEPT. HE                          | 1 .                           | Prin                                   | )_,                            |                               |        |                 |          |  |
| 13      | . BUDGET DETA     |                                                                          | / UNITS                               | <del></del>                   | ATE                                    | AMOUNT                         | . 15. LEAVE BL                | ANK    | 16. APPROVING   | UTHORITY |  |
|         | A. LODGING        |                                                                          | , , , , , , , , , , , , , , , , , , , | \$                            |                                        | \$ ,                           | \$                            |        | APPROVAL        |          |  |
|         | B. MEALS          |                                                                          | 1                                     |                               | 4.00                                   | 4.00                           |                               |        |                 |          |  |
|         | C. TRANSPORT      | AT I ON                                                                  | 1                                     |                               | 16.00                                  | 16.00                          |                               |        |                 |          |  |
|         | D. OTHER (SP      |                                                                          |                                       |                               | F 00                                   | 10.00                          |                               |        |                 |          |  |
|         | (1) <b>CA</b> (2) |                                                                          | 2                                     |                               | 5.00                                   | 10.00                          |                               |        |                 |          |  |
| 14      | (3)               | TAL EXPENSES                                                             |                                       |                               |                                        | \$ 30.00                       | \$                            |        |                 |          |  |
|         | D A 1             | ES                                                                       | YAGNUZ                                | MONDAY                        | TUESDAY                                | MEDNESDAY                      | THURSDAY                      | FRIDA  | AY SATURDAY     | TOTALS   |  |
| TI      | RANSPORTATION.    | CAR MILEAGE                                                              |                                       |                               |                                        |                                |                               |        |                 |          |  |
| T       | AXIS OR GARAGE    |                                                                          |                                       |                               |                                        |                                |                               |        |                 |          |  |
| н       | OTEL              |                                                                          |                                       |                               |                                        |                                |                               |        | ļ               |          |  |
| TI      | ELEPHONE AND T    |                                                                          |                                       |                               |                                        |                                |                               |        |                 |          |  |
| T       | IPS               |                                                                          |                                       |                               |                                        |                                |                               |        |                 |          |  |
|         | BREAKFAST         |                                                                          |                                       |                               |                                        |                                |                               |        |                 |          |  |
| 3 1 4 3 | LUNCH             |                                                                          |                                       |                               |                                        |                                |                               |        |                 |          |  |
| 47      | DINNER            |                                                                          |                                       |                               |                                        |                                |                               |        |                 |          |  |
| 0       | THER (SPECIFY     | )                                                                        |                                       |                               |                                        |                                |                               |        |                 |          |  |
| T       | OTALS             |                                                                          |                                       |                               |                                        |                                |                               |        |                 |          |  |
|         | A<br>I            | IUST BE FILED Wattach receipts for tems on report are live names and bus | Hotel. Transportation                 | ortation and<br>red travel ex | d any Speci<br>openses. I              | ial Items.<br>Explain any spec | ial items on the              | e reve | rse side 2086   | 346      |  |
|         | certify that the  | e foregoing stateme                                                      | ent is correct.                       |                               |                                        |                                | Total Expens                  | e      |                 |          |  |
|         |                   |                                                                          |                                       |                               |                                        |                                | Less Cash Ac<br>Warrant Check |        | ed              |          |  |
|         |                   | Signed                                                                   |                                       |                               | ************************************** |                                | Due City<br>Deposit Rece      |        | ),              |          |  |
| [       | )ate              | Approved                                                                 | ł                                     |                               | ·—                                     |                                | Due Traveler                  |        |                 |          |  |

FORM CD-1312 (10-67)

|         | IKA     | VEL REQUEST and EXPE                                                                | NSE KEFOK                             | <u> </u>                      | FISCAL                   | YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                | CIT    | Y OF SAN DIEGO           |          |  |
|---------|---------|-------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|--------------------------|----------|--|
|         | 1. NA   | AME OF TRAVELER                                                                     |                                       |                               |                          | 2. TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |        |                          | 3. DEPT. |  |
|         |         | To be determined                                                                    |                                       |                               |                          | lo be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | determine               | ed     |                          | 77,26    |  |
|         | 4. RE   |                                                                                     | OFFICE ME                             | ETING                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
|         | 6. SP   | ECIFY BENEFITS TO BE DERIVE                                                         | D BY THE CIT                          | Y THROUGH                     | ATTENDE                  | INCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |        |                          |          |  |
|         |         | TO FURTHER AS                                                                       |                                       |                               |                          | AND PROVISI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ONS TO                  |        |                          | •        |  |
|         |         | ASSIST THE RE                                                                       | LUCATION                              | PROJECT.                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
| EST     |         | OS ANGELES                                                                          | 8. DATE OFM                           | etermine                      | <br>ed .                 | 9. DATE OF DEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | etermined               |        | To be determined         |          |  |
| REQUE   | 11.     | PRIVATE AUTO [X AIR                                                                 | 12. DEPT. HE                          | / /                           | -                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ····                    | -      |                          |          |  |
| R       | Ţ       | CITY VEHICLE TRAIN                                                                  | // /                                  | <del>- 1 2/</del>             | Cross,                   | Γ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |        |                          |          |  |
| 7       | 13. 8   | SUDGET DETAILS                                                                      | UNITS                                 | \$                            | ATE                      | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                      | BLANK  | 16. APPROVING A APPROVAL | UTHORITY |  |
| WE      | ,       | A. LODGING                                                                          |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
| TRAVEL  | E       | B. MEALS                                                                            | 1                                     |                               | 4.00                     | 4.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |        |                          |          |  |
|         | c       | C. TRANSPORTATION                                                                   | 1                                     | 1                             | 6.00                     | 16.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |        |                          |          |  |
|         | ı       | D. OTHER (SPECIFY)                                                                  |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
|         |         | (1) CAB                                                                             | 2                                     |                               | 5,00                     | 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |        |                          |          |  |
|         |         | (2)                                                                                 |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
|         |         | (3)                                                                                 |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +                       |        |                          |          |  |
|         | 14. E   | STIMATED TOTAL EXPENSES                                                             |                                       |                               | <del></del>              | \$ 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$                      |        |                          |          |  |
|         |         | DATES                                                                               | SUNDAY                                | MONDAY                        | TUESDAY                  | / WEDNESDAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | THURSDAY                | FRIDAY | Y SATURDAY               | TOTALS   |  |
|         | TRA     | NSPORTATION / CAR MILEAGE                                                           |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
|         | TAX     | IS OR GARAGE                                                                        |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
|         | нот     | EL                                                                                  |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
|         |         | EPHONE AND TELEGRAPH<br>Official calls only)                                        |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
| _       | TIPS    | 5                                                                                   |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
| REPOR   |         | BREAKFAST                                                                           | · · · · · · · · · · · · · · · · · · · |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
| RE      | ME AL S | LUNCH                                                                               |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        | 1.2                      |          |  |
| SE      | ME      | DINNER                                                                              |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
| EXPENSE | отн     | ER (SPECIFY)                                                                        |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
| EX      | TOT     | ALS                                                                                 |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |                          |          |  |
| TRAVEL  |         | MUST BE FILED W<br>Attach receipts for<br>Items on report are<br>Give names and bus | Hotel. Transp<br>normally allow       | portation and<br>ved travel e | d any Spec<br>xpenses. I | ial Items.<br>Explain any spec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | cial items on           |        | se side 208;             | 346      |  |
|         | Ιc      | ertify that the foregoing stateme                                                   | ent is correct.                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Expe              | nse    |                          |          |  |
|         |         |                                                                                     |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Less Cash<br>Warrant Ch |        | ed                       |          |  |
|         |         | Signed                                                                              |                                       |                               |                          | THE SAME AND A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAM | Due City<br>Deposit Re  |        |                          |          |  |
|         | Dat     | te Approved                                                                         |                                       |                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Due Travel              |        |                          |          |  |

FORM CD-1312 (10-67)

Cost of Redevelopment Agency Staff \*time contributed to Redevelopment Projects.

### 3 Month Budget

\$550.00 per month X 3 months =

\$1,650.00

### 12 Month Budget

**\$689.66** per month X 12 months =

(rounded) \$8,276.00

TOTAL \$9,926.00

\* James Spotts
David Allsbrook
Ben Shorty
Marilyn Wolfram
Skipper Berend
Housing Referral Staff

208346

| FISCAL YEAR | OBJECT ACCOUNT TITLE | DEPT./ACTIVITY NO. | OBJ. ACCT. NO. |
|-------------|----------------------|--------------------|----------------|
| 3rd Action  | Misc. Contr. Serv.   | 77.26              | 3299           |

OBJECT ACCOUNT BUDGET EXPLANATION

BO-121 (REV.11-69)

## 3 Month Budget

Estimated cost of \$45.00 per month X 3 months =

\$135.00

## 12 Month Budget

Estimated cost of \$85.00 per month\* X 12 months =

1,020.00

TOTAL \$1,155.00

\*Average actual monthly cost for past 15 months

208346

| FISCAL YEAR OBJECT ACCOUNT TITLE | DEPT./ACTIVITY NO. | OBJ. ACCT. NO. |
|----------------------------------|--------------------|----------------|
| 3rd Action Office Supplies       | 77.26              | 3301           |

OBJECT ACCOUNT BUDGET EXPLANATION

BD-121 (REV.11-69)

1000

# 3 Month Budget

Estimated payments to 2 individuals X \$200.00 = \$400.00

12 Month Budget

Estimated payments to 3 individuals X \$200.00 = \$600.00

TOTAL \$1,000.00

# 208346

| FISCAL YEAR | OBJECT ACCOUNT TITLE |                  |             | DEPT./ACTIVITY NO. | OBJ. ACCT. NO. |
|-------------|----------------------|------------------|-------------|--------------------|----------------|
| 3rd Action  | Disiocation          | <b>Allowance</b> | Individuals | 77.26              | 3403           |

OBJECT ACCOUNT BUDGET EXPLANATION

80-121 (REV.11-69)

# 3 Month Budget

Estimated moving payments to 5 individuals. 5 individuals X \$120.00 = \$600.00

# 12 Month Budget

-0-

TOTAL \$600.00

# 208346

| FISCAL YEAR OBJECT ACCOUNT TITLE           | DEPT./ACTIVITY NO. | OBJ. ACCT. NO. |
|--------------------------------------------|--------------------|----------------|
| 3rd Action   Moving Expenses - Individuals | 77.26              | 3405           |

**OBJECT ACCOUNT BUDGET EXPLANATION** 

BD-121 (REV.11-69)

## 3 Month Budget

Estimated payment to 4 families. 4 families X \$300.00 = \$1,200.00

### 12 Month Budget

Estimated payment to 26 families. 26 families X \$300.00 = 7,800.00

TOTAL \$9,000.00

208346

FISCAL YEAR OBJECT ACCOUNT TITLE

3rd Action Moving Expense - Families 77.26 3406

OBJECT ACCOUNT BUDGET EXPLANATION

BD-121 (REV.11-69

## 3 Month Budget

Estimated benefits for 4 tenants X \$3,500.00 =

\$14,000.00

### 12 Month Budget

Estimated benefits for 11 Tenants and Certain Others.
11 Tenants X \$3,500.00 =

38,500.00

TOTAL

\$52,500.00

208346

3rd Action Replacement Housing Payments 77.26 3410

OBJECT ACCOUNT BUDGET EXPLANATION

BD-121 (REV.11-69)

Benefits for 5 owner occupants to compensate for difference in price of dwelling acquired by City and new dwelling acquired by owner.

3 Month Budget

\$30,000.00

12 Month Budget

\$21,700.00

TOTAL \$51,700.00

208346

| FISCAL YEAR | OBJECT ACCOUNT TITLE        | DEPT./ACTIVITY NO. | OBJ. ACCT. NO. |
|-------------|-----------------------------|--------------------|----------------|
| 3rd Action  | Replacement Housing Payment | 77.26              | 34.16          |

**OBJECT ACCOUNT BUDGET EXPLANATION** 

BD-121 (REV.11-69)

3 month budget

Estimated benefits for 2 families X \$200.00 =

\$400.00

12 month budget

Estimated benefits for 10 families. 10 families X \$200.00 =

\$2,000.00

Tota1

\$2,400.00

208346

FISCAL YEAR OBJECT ACCOUNT TITLE

3rd Act. Yr. Dislocation Allowance - Families 77.26 3420

OBJECT ACCOUNT BUDGET EXPLANATION

BO-121 (REV.11-69)

Estimated cost of 9.97% of Gross Salaries for the year,

(\$36,771.00)

3 Month Budget \$650.00 12 Month Budget

\$3,016.00

TOTAL

\$3,666.00

208346

FISCAL YEAR OBJECT ACCOUNT TITLE

3rd Action Retirement 77.26 3450

**OBJECT ACCOUNT BUDGET EXPLANATION** 

BD-121 (REV.11-69)

Estimated cost for Social Security, 5.85% of Gross Salaries \$36,771.00

3 Month Budget

\$381.00

12 Month Budget

\$1,770.00

TOTAL \$2,151.00

208346

| FISCAL YEAR | OBJECT ACCOUNT TITLE          | DEPT./ACTIVITY NO. | OBJ. ACCT. NO. |
|-------------|-------------------------------|--------------------|----------------|
| 3rd Action  | 'Social Security Contribution | 77.26              | 3452           |

**OBJECT ACCOUNT BUDGET EXPLANATION** 

BD-121 (REV.11-69)

INSTRUCTIONS: ITEMS 6. AND 7.
ITEM 6 · INSERT APPROPRIATE CODE LETTERS:
A · ADDITIONAL ITEM
LR · REPLACEMENT, LIKE
UR · REPLACEMENT, UNLIKE
ITEM 7 · IF REPLACEMENT, INSERT ORIGINAL
PURCHASE DATE OF DISPLACED ITEM.

CITY OF SAN DIEGO

### \* RECAPITULATION OF DEPARTMENTAL OUTLAY REQUESTS

|              | TMENT<br>EL CITIES                     |    |              | 7726        |                  |             |                 |
|--------------|----------------------------------------|----|--------------|-------------|------------------|-------------|-----------------|
| 4. REF.      | DESCRIPTION                            |    | <del>,</del> |             | EPT. REQUEST     | <del></del> | ET OFFICE USE   |
| NO.          | S. ITEM                                | 6. | 7.           | B. QUA      | N. 9. TOTAL COST | 10 QUAN     | I II. TOTAL COS |
| 1            | OFFICE TABLE                           | A  |              | 11          | \$93.00          |             |                 |
| 2            | 5 DRAWER FILE CABINET                  | Α  |              | · 1         | \$134.00         |             |                 |
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المحالة

CITY OF SAN DIEGO - BUDGET DEPARTMENT

| 1. DEPARTMENT  MODEL CITIE  5. DISTRIBUTION OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | 2. ACTIVITY          |               |               |                                   |                 |
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| 5. DISTRIBUTION OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                      | CATION        |               | 7726                              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OUTLAY ITEMS TO FACIL                                                         |                      |               |               |                                   | ·               |
| A. FACILITY OR LOCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del>/</del>                                                                  | B. NO. C.BUD.O.      | D. FACILITY O | R LOCATION    |                                   | E. NO. F.BUD. C |
| 1369 "B" Stree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t S. D. CA.                                                                   | _                    |               |               |                                   | <del> </del>    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                   |                      |               |               |                                   |                 |
| . EQUIPMENT OR OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OBJECT OF OUTLAY EXPEND                                                       | I TURE               |               |               |                                   |                 |
| .QUAN. B. DESCRIPTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ON                                                                            |                      | ·             |               |                                   |                 |
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| 1 OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TABLE 72" x                                                                   | 30"                  |               |               |                                   |                 |
| 7. SIMILAR EQUIPMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IT AT SAME LOCATIONS                                                          |                      |               | B. AVERAGE DA | ILY USE (HOURS, A                 | AILES, ETC.)    |
| A.QUAN. B. DESCRIPTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                      |               | . PRESENT EQU |                                   | UESTED EQUIP.   |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>***</b>                                                                    |                      |               |               |                                   |                 |
| - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | none                                                                          |                      |               |               |                                   |                 |
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| . EXPLAIN NECESSIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Y FOR, OR BENEFITS TO                                                         | BE EXPECTED FROM T   | HIS EXPENDITE | JRE           |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                      |               |               |                                   |                 |
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| 10. IS REQUEST CONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INGENT UPON INCREASE                                                          | OF PERSONNEL? (IF    | YES', EXPLAIN | )             |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                      |               |               |                                   |                 |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                      |               |               |                                   |                 |
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| 11. LIST EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TO BE DISPLACED                                                               |                      |               |               |                                   |                 |
| A. INV. B. DESCRIPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                      |               | C. R          | RECOMMENDED DISPO                 | SAL             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                      |               | C. R          | RECOMMENDED DISPO                 | SAL             |
| A. INV. B. DESCRIPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                      |               | C. R          | RECOMMENDED DISPO                 | SAL             |
| A. INV. B. DESCRIPT<br>NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | UNIT COST            | TOTAL C       |               |                                   |                 |
| A. INV. B. DESCRIPT NO. 12. ESTIMATED COST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | UNIT COST            | TOTAL 0       |               | FOR USE BY BUDGE                  |                 |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ION                                                                           |                      |               |               |                                   |                 |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE                                                             |                      |               |               |                                   |                 |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE B. LABOR C. MATERIAL D.                                     |                      |               |               |                                   |                 |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE B. LABOR C. MATERIAL                                        |                      |               |               |                                   |                 |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E.                                  |                      | \$93.00       |               |                                   |                 |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E)                        | \$93.00              |               | COST          |                                   | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E.                                  | \$93.00              | \$93.00       | COST          | FOR USE BY BUDGE                  | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A 1HRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE                  | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS 13. EXPLAIN ADDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00              | \$93.00       | COST 14.      | FOR USE BY BUDGE                  | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS 13. EXPLAIN ADDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | COST 14.      | FOR USE BY BUDGE                  | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO. B. DESCRIPT NO. B. DESCRIPT IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE TOTAL COST (ITEMS 13. EXPLAIN ADDITIONAL COST (ITEMS 13. EXP | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE SIGNATURE OF REQ | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO. B. DESCRIPT NO. B. DESCRIPT IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE TOTAL COST (ITEMS 13. EXPLAIN ADDITIONAL COST (ITEMS 13. EXP | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE                  | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS 13. EXPLAIN ADDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE SIGNATURE OF REQ | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS 13. EXPLAIN ADDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE SIGNATURE OF REQ | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS 13. EXPLAIN ADDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE SIGNATURE OF REQ | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS 13. EXPLAIN ADDITIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE SIGNATURE OF REQ | T OFFICE STAFF  |
| 12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE SIGNATURE OF REQ | T OFFICE STAFF  |
| A. INV. B. DESCRIPT NO.  12. ESTIMATED COST IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE  TOTAL COST (ITEMS 13. EXPLAIN ADDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. PURCHASE PRICE B. LABOR C. MATERIAL D. E. A THRU E) NAL COSTS (B THRU E OF | \$93.00<br>12 ABOVE) | \$93.00       | 14.           | FOR USE BY BUDGE SIGNATURE OF REQ | T OFFICE STAFF  |

BD-336 (REV. 6-69)

CITY OF SAN DIEGO - BUDGET DEPARTMENT

|                                                   | BUDGET REQUEST                        |                 |                |             | ,<br>         | <del></del>  |              | <del></del>                                      |                                                  |
|---------------------------------------------------|---------------------------------------|-----------------|----------------|-------------|---------------|--------------|--------------|--------------------------------------------------|--------------------------------------------------|
| 1. DEPARTMENT                                     |                                       | 2. ACTIV        | ITY            | •           |               | 3. DEPT      | , & ACT.     | 4. REF.                                          | NO.                                              |
| MODEL CITIES                                      | S                                     | R               | ELOCAT         | ION         |               | 7            | 726          |                                                  | 2                                                |
| 5. DISTRIBUTION OF                                | OUTLAY ITEMS TO FACILIT               | TIES            |                |             |               |              |              |                                                  |                                                  |
| A. FACILITY OR LOCA                               |                                       | B. NO.          | C.BUD.O.       | D. FACILITY | OR LOCATION   |              | <del></del>  | E. NO.                                           | F.BUD. O.                                        |
| 1369 "B" Str                                      | eet S. D. CA.                         | <del></del>     | <b></b>        |             | <del></del>   |              | <del></del>  | <del>-</del> }                                   | <del> </del>                                     |
|                                                   | · · · · · · · · · · · · · · · · · · · | <del>-}</del> - | <del> </del> - |             |               | <del> </del> | ····         | <del>                                     </del> | <del>                                     </del> |
| 6. EQUIPMENT OR OTHER                             | R OBJECT OF OUTLAY EXPENDIT           | TURE            |                |             |               |              |              | ÷                                                |                                                  |
| A.QUAN. B. DESCRIPT                               | DRAWER FILE CABINE                    | T               |                |             |               |              |              |                                                  | •                                                |
|                                                   |                                       | ·               |                |             | 8. AVERAGE D  | ALLYTISE     | (HOURS N     | III FS FTC                                       | . 1                                              |
| A.QUAN. B. DESCRIPTI                              |                                       |                 |                | <del></del> | A. PRESENT EC |              |              | JESTED EC                                        |                                                  |
| 3                                                 | Cabinets 4 Dr                         | awer            |                |             |               |              |              |                                                  |                                                  |
| 9. EXPLAIN NECESSI                                | TY FOR, OR BENEFITS TO E              | BE EXPECTE      | D FROM T       | HIS EXPENDI | TURE          |              |              |                                                  |                                                  |
| YES  X NO  11. LIST EQUIPMENT A. INV. B. DESCRIPT |                                       | F PERSONNE      | L? (IF         | YES', EXPLA |               | RECOMMEND    | ED DISPO     | SAL                                              |                                                  |
| 12. ESTIMATED COST                                |                                       | LINIT           | COST           | TOTAL       | COST          | FOR USE 8    | BY BUDGE     | T OFFICE                                         | STAFF                                            |
| IN SPACE (B) THRU                                 | A. PURCHASE PRICE                     | \$134.          |                | \$134       |               |              |              |                                                  |                                                  |
| (E) SHOW ADD ITIONAL COSTS NECESSARY              | B. LABOR                              |                 |                |             |               |              |              |                                                  |                                                  |
| TO PLACE ITEM IN                                  | C. MATERIAL                           | <b> </b>        |                | <u> </u>    |               |              |              | <del></del>                                      |                                                  |
| SERVICE                                           | D.                                    | <del> </del>    |                |             |               | <del> </del> | <del>}</del> |                                                  |                                                  |
|                                                   | (                                     | ļ               |                | <b>-</b>    |               |              |              |                                                  |                                                  |
| TOTAL COST (ITEMS                                 | A THRU E)                             |                 |                | \$134.0     | 00            |              |              |                                                  |                                                  |
| 13. EXPLAIN ADDITIO                               | ONAL COSTS (B THRU E OF 1             | 2 ABOVE)        |                | •           | 14.           | SIGNATURE    | OF REQ       | JESTOR                                           |                                                  |
|                                                   | RESER                                 | VED FOR         | USE OF         | BUDGET O    | FFICE         |              |              |                                                  |                                                  |
| 15. COMMENTS OF BUD                               | GET ANALYST                           |                 |                |             | 16.           | PRIORITY     |              |                                                  |                                                  |
|                                                   |                                       |                 |                |             | 17.           | APPROVED     |              |                                                  |                                                  |
|                                                   |                                       |                 |                | •           |               |              |              |                                                  |                                                  |
|                                                   |                                       |                 |                |             |               |              |              |                                                  |                                                  |
|                                                   | •                                     |                 |                |             |               | 208          | B34€         | ;                                                | ,                                                |
| DD 336 (DEV 6.60)                                 |                                       |                 |                |             | <del></del>   |              |              |                                                  |                                                  |

#### MODEL CITIES PROGRAM - CITY OF SAN DIEGO ESTIMATED MONTHLY EXPENDITURE SCHEDULE HODEL CITIES GRANT FUNDS

PROJECT Relocation 77.26

OPERATING AGENCY City of San Diego Community Development Department

|                                                                                  | ACCT.                                                        |                                        |                                          |                                         |                                         |                                          | MONTH                                   |                                         | ,                                       |                                          | i                                        |                                         |                                          |                                         | .6                                                       |
|----------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| DESCRIPTION                                                                      | · NO.                                                        | Ithru 3                                | 4                                        | 5                                       | 6                                       | 7                                        | 8                                       | 9                                       | 10                                      | 11                                       | 12                                       | 13                                      | 14                                       | 12                                      | TOTAL BUDG                                               |
| Telephone Transportatio Comp. Ins. Emp.Grp.Ins. Postage Sched.Travel Photo Xerox | 1151<br>2212<br>2215<br>2424<br>2425<br>3211<br>3213<br>3236 | 6,519<br>174<br>300<br>59<br>117<br>15 | 2,521<br>50<br>80<br>23<br>47<br>5<br>30 | 2,521<br>50<br>80<br>23<br>46<br>5<br>0 | 2,521<br>50<br>80<br>23<br>46<br>5<br>0 | 2,521<br>50<br>80<br>23<br>46<br>5<br>30 | 2,521<br>50<br>80<br>23<br>46<br>5<br>0 | 2,521<br>50<br>80<br>23<br>46<br>5<br>0 | 2,521<br>50<br>80<br>23<br>46<br>5<br>0 | 2,521<br>50<br>80<br>23<br>46<br>5<br>30 | ·2,521<br>50<br>80<br>22<br>44<br>5<br>0 | 2,521<br>50<br>80<br>22<br>44<br>5<br>0 | 2,521<br>50<br>80<br>22<br>44<br>5<br>30 | 2,521<br>50<br>80<br>22<br>44<br>5<br>0 | 36,771<br>774<br>1,260<br>331<br>662<br>75<br>120<br>146 |
| Supply<br>Misc. Contr.                                                           | 3299                                                         | 1,650                                  | 686                                      | 690                                     | 690                                     | 690                                      | 690                                     | 690                                     | 690                                     | 690                                      | 690                                      | 690                                     | 690                                      | 690                                     | 9,926                                                    |
| Services<br>Office Supp.<br>Periodical                                           | 3301<br>3361                                                 | 135<br>0                               | 85<br>6                                  | 85<br>0                                 | 85<br>6                                 | 85<br>. 0                                | 85<br>6                                 | 85<br>0                                 | 85<br>6                                 | 85<br>0                                  | 85<br>6                                  | 85<br>0                                 | 85<br>·6                                 | 85<br>0                                 | 1,155<br>36                                              |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                          | 3403                                                         | 400                                    | 200                                      | 0                                       | 0                                       | 0                                        | 200                                     | 0                                       | 0                                       | 0                                        | 200                                      | o                                       | 0                                        | 0                                       | 1,000                                                    |
| Moving<br>ExpInd.<br>McXing                                                      | 3405                                                         | 600                                    | . 0                                      | 0                                       | 0                                       | 0                                        | 0                                       | 0                                       | 0                                       | 0                                        | 0                                        | 0                                       | 0                                        | 0                                       | 600                                                      |
| ExpFam.<br>R.H.PT.C.O.                                                           | 3406<br>3410                                                 | 1,200<br>14,000                        | 658<br>3,500                             | 660<br>3,500                            | 660<br>3,500                            | 658<br>3,500                             | 658<br>3,500                            | 658<br>3,500                            | 658<br>3,500                            | 658<br>3,500                             | 658<br>3,500                             | 658<br>3,500                            | 658<br>3,500                             | 558<br>0                                | 9,000<br>52,500                                          |
|                                                                                  | 3416                                                         | 30,000                                 | 10,850                                   | 10,850                                  | 0                                       | 0                                        | 0                                       | 0                                       | 0                                       | 0                                        | 0                                        | 0                                       | o                                        | 0                                       | 51,700                                                   |
| Retirement                                                                       | 3420<br>3450                                                 | 400<br>650                             | 1,200<br>255                             | 200<br>251                              | 200<br>251                              | 200<br>251                               | 200<br>251                              | 0<br>251                                | 0<br>251                                | 0<br>251                                 | 0<br>251                                 | 0<br>251                                | 0<br>251                                 | 0<br>251                                | 2,400<br>3,666                                           |
| V-V-, , vy                                                                       | 3452                                                         | 381                                    | 156                                      | 147                                     | 147                                     | 147                                      | 147                                     | 147                                     | 147                                     | 147                                      | 147                                      | 146                                     | 146                                      | 146                                     | 2,151                                                    |
| Total<br>Non Personal<br>Equipment                                               | i                                                            | 50,081                                 | 17,844                                   | 16,600                                  | 5,755                                   | 5,777                                    | 5,953                                   | 5,547                                   | 5,553                                   | 5,577                                    | 5,750                                    | 5,543                                   | 5,579                                    | 1,943                                   | 137,502                                                  |
| Outlay<br>Grand Total                                                            | 4540                                                         | 56,600                                 | 20,365                                   | 19,121                                  | 8,276                                   | 227<br>8,525                             | 0<br>8,474                              | 0<br>8,068                              | 0<br>8,074                              | 8,098                                    | 0<br>8,271                               | 8,064                                   | 8,100                                    | 4,464                                   | 227<br>174,500                                           |
| CD 205A (4/73)                                                                   |                                                              | <u>.</u>                               |                                          | ,.                                      |                                         |                                          |                                         | ļ                                       |                                         |                                          | <u> </u>                                 |                                         |                                          |                                         | ئىمى <i>ىلىگ</i> ىر                                      |

المتحالا

## CERTIFICATE OF CITY AUDITOR AND COMPTROLLER

#### CERTIFICATION OF UNALLOTTED BALANCE

I HEREBY CERTIFY that the money required for the allotment of funds for the purpose set forth in the foregoing resolution is available in the Treasury, or is anticipated to come into the Treasury, and is otherwise unallotted.

|                                 | Amount \$         | Fund                                                         |
|---------------------------------|-------------------|--------------------------------------------------------------|
|                                 | Purpose           |                                                              |
| RECEIVED<br>CITY CLERK'S OFFICE | SAN DIEGO, CALIF. | Auditor and Comptroller of The City of San Diego, Calif.  By |

#### CERTIFICATION OF UNENCUMBERED BALANCE

I HEREBY CERTIFY that the indebtedness and obligation to be incurred by the contract or agreement authorized by the hereto attached resolution, can be incurred without the violation of any of the provisions of the Charter of the City of San Diego; and I do hereby further certify, in conformity with the requirements of the Charter of the City of San Diego, that sufficient moneys have been appropriated for the purpose of said contract, that sufficient moneys to meet the obligations of said contract are actually in the Treasury, or are anticipated to come into the Treasury, to the credit of the appropriation from which the same are to be drawn, and that the said moneys now actually in the Treasury, together with the moneys anticipated to come into the Treasury, to the credit of said appropriation, are otherwise unencumbered.

| Not to exceed \$ 174,500.00                                        | 70- 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | W. Sage                                                           |  |
|--------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------|--|
| Dated June 25 , 19 73                                              | -                                            | Auditor and Comptroller of<br>The City of San Diego, Calif.<br>BY |  |
| Fund 2903 Dept./Activity 7725 Object Purpose Model Cities Third Ac | :t <u>3299</u>                               | Job Order<br>Resolution No.<br>Project No.                        |  |
| Vendor Relocation                                                  | LIVII ICAL                                   | Frogram                                                           |  |
|                                                                    | JUL 5 197                                    | 3 CERTIFICATE NO. 4900                                            |  |

FORM AC.361 (7.68)

ALCOHOLOGICAL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACT

|                                 | 1           | Passed            | and adopted by the Council                                                                                                                      | l of The City o      | f San D | iego on        | JUL                                                  | 5 1973                                     | *************************************** |
|---------------------------------|-------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|----------------|------------------------------------------------------|--------------------------------------------|-----------------------------------------|
|                                 | ŧ           | y the f           | ollowing vote;                                                                                                                                  |                      |         |                |                                                      |                                            | ·                                       |
| RECEIVED<br>OITY CLERK'S OFFICE | ₹2973 II 21 | SAN DIEGO, CALIF. | Councilmen Gil Johnson Maureen F. O'Connor Henry L. Landt Leon L. Williams Floyd L. Morrow Bob Martinet Allen Hitch Jim Bates Mayor Pete Wilson |                      |         | Nays           | Excused                                              | Absent                                     |                                         |
|                                 |             |                   | AUTHEN                                                                                                                                          | TICATED BY           | :       |                |                                                      |                                            |                                         |
|                                 |             | (Seal)            |                                                                                                                                                 |                      | ~       | City Clerk of  | PETE WILS The City of San EDWARD NIE The City of San | Diego, Californ<br>LSEN<br>n Diego, Califo |                                         |
|                                 |             |                   |                                                                                                                                                 |                      | Office  | of the City Cl | erk, San Dlego,                                      | California                                 |                                         |
|                                 |             |                   |                                                                                                                                                 | Resolution<br>Number | 208     | 3346           | Adopted                                              | JUL 51                                     | 1973                                    |

CC-1276 (REV. 12-71)