

RESOLUTION NO. 208346 JUL 5 1973

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

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 *Federico Castro*  
Federico Castro, Deputy

FC:lc  
6/21/73  
Aud.Cert.#4900

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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 displacees under the following programs:

1. **CODE ENFORCEMENT:** 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.

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**EXHIBIT A**

- 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

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
	I. Establish relationships with housing and potential displacing agencies.  A. Set up systematic process for receiving referrals from Code Enforcement. B. Work with VA, FHA, Housing Authority Rent Supplement projects to develop and maintain up-to-date record of housing resources. C. Contact realtors, and brokers to obtain up-to-date listings of 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 discrimination and other non-legal housing practices. D. Maintain contact with other social agencies who can assist the displacee.											208316

**EXHIBIT B**

Legend

----- Planned  
 \_\_\_\_\_ Actual

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
III. Prepare relocation work program, contracts, Agreements Manual.		-----										
IV. Identify potential displacement from:												
A. Code enforcement.		-----										
B. Other projects that are a material part of the Model Cities plan.		-----										
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.		-----										
D. Distribute informational materials including bilingual translations prepared in the Third Action Year.		-----										
VI. Formal Progress Reports.												
A. Semi-annual HUD reports.							-----					
B. Monthly status report.							-----					
C. Revision of all reports to reflect changing activities.							-----					

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Legend

----- Planned  
 \_\_\_\_\_ Actual

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.  *A. Terminate project services. *B. Terminate staff except Director and/or one other key person. *C. Utilize all accumulated vacation 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.											

MODEL CITIES PROGRAM - CITY OF SAN DIEGO  
PROJECT PROGRESS REPORT

Page 1 of 1 Pages  
Month of \_\_\_\_\_  
Months To Date \_\_\_\_\_

PROJECT Relocation  
OPERATING AGENCY \_\_\_\_\_

PROJECT NO. \_\_\_\_\_

PROJECT ELEMENTS/SUB-PROJECTS OUTPUT MEASURES	Unit	Month			To Date			REMARKS
		Plan	Actual	%	Plan	Actual	%	
<b>I. Persons relocated.</b>								
A. # of code enforcements - Family.	Family							
B. # of code enforcements - Individual.	Indiv.							
<b>II. Housing.</b>								
A. # of FHA homes sold to dis- placees.	Homes							
B. # of leased housing units rented to displacees.	Units							
C. # of rent supplement units rented to displacees.	Units							
D. # of private standard units rented to displacees.	Units							
<b>III. Publicity (Press releases, etc.)</b>								
A. # of Grievance Committee meetings.	Mtgs.							
B. # of Area Committee meetings attended.	Mtgs.							
C. # of Model Cities Newspaper articles.	Articles							
D. # of newsletters distributed.	Nwsltr.							
<b>IV. Progress reports.</b>								
A. # of semi-annual reports.	Reports							
B. # of required status reports.	Reports							

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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 OUTPUT MEASURES	MONTHLY PERFORMANCE STANDARDS												
	1	2	3	4	5	6	7	8	9	10	11	12	
I. Persons relocated.													
A. # of code enforcement families.	2	2	2	2	1	1	1	2	2	2	2		
B. # of code enforcement individuals.	1		1		1		1		1		1		
II. Housing.													
A. # of FHA homes sold.													
B. # of leased housing units rented to displacees.			1	1	2	1	2	1	2	1	2		
C. # of businesses re-established.		1			1			1					
III. Publicity.													
A. Grievance committee meetings.	1	1	1	1	1	1	1	1	1	1	1		
B. Area committee meetings attended.	1	1	1	1	1	1	1	1	1	1	1		
C. Brochures distributed.	200						200				100		

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MODEL CITIES PROGRAM - CITY OF SAN DIEGO

QUARTERLY TRAINING REPORT

PROJECT Relocation Project No. SDMC-P-4

OPERATING AGENCY City of San Diego, Community Development Department Months \_\_\_\_\_ to \_\_\_\_\_

Training Program Developed \_\_\_\_\_ Date Instituted \_\_\_\_\_ CDA Assistance Requested \_\_\_\_\_

\_\_\_\_ Yes  
\_\_\_\_ No

\_\_\_\_ Yes  
\_\_\_\_ No

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STAFF	Base Line Data				New Starts -- Previous Quarter				Total Started Since Plan Instituted			
	No.	Academic	In-Service	Pre-Service	No.	Academic	In-Service	Pre-Service	No.	Academic	In-Service	Pre-Service
<b>PROFESSIONAL</b>												
MNR												
Non-MNR												
<b>PARA</b>												
<b>PROFESSIONAL</b>												
MNR												
Non-MNR												
<b>CLERICAL</b>												
MNR												
Non-MNR												
<b>TRAINEE</b>												
MNR												
Non-MNR												

MODEL CITIES PROGRAM - CITY OF SAN DIEGO

QUARTERLY MANPOWER REPORT

PROJECT Relocation Project No. SDMC-P-4

OPERATING AGENCY City of San Diego, Community Development Department, Redevelopment Agency Month \_\_\_\_\_ to \_\_\_\_\_

	Professional	Paraprofessional	Clerical	Trainee
No. of Positions				
No. Hired				
MNR				
Non-MNR				
Race				
Black				
Mexican-American				
Caucasian				
Oriental				
Other				
Sex				
Male				
Female				
Full-Time				
Monthly Salary				
Over \$1,000				
800 - 999				
600 - 799				
435 - 599				
Under 435				
Part-Time				
20 - 30 hrs/wk				
10 - 19 hrs/wk				
Under 10 hrs/wk				
Hourly Wage				
Over \$5.50				
4.50 - 5.50				
3.50 - 4.49				
2.50 - 3.49				
Under 2.50				
Job tenure				
Yes				
No				
Age				
16 - 20				
21 - 26				
27 - 32				
33 - 40				
41 - 46				
Over 46				

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QUARTERLY PARTICIPANT/BENEFICIARY REPORT

Project Relocation

Project No. SDMC-P-4

Operating Agency City of San Diego, Community Development Department  
Redevelopment Agency

Months \_\_\_\_\_ to \_\_\_\_\_

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Participant/Beneficiary Characteristics	# of Persons Receiving Service - Relocation to Standard Housing		OTHER SERVICES	
	FAMILY	INDIVIDUAL	Tenant Legal Rights Counseling	Provide Subsidized Rental Information
<b>RESIDENCY</b>				
1. Owner				
2. Owner-Occupant				
3. Tenant				
<b>AGE</b>				
1. under 16				
2. 16-18				
3. 19-24				
4. 25-35				
5. 36-45				
6. 46-65				
<b>EMPLOYMENT STATUS</b>				
1. Employed				
2. Unemployed				
<b>SEX</b>				
1. Male				
2. Female				

QUARTERLY PARTICIPANT/BENEFICIARY REPORT

Project Relocation  
 Operating Agency City of San Diego, Community Development Department  
Redevelopment Agency

Project No. SDMC-P-4  
 Months \_\_\_\_\_ to \_\_\_\_\_

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Participant/Beneficiary Characteristics	# of Persons Receiving Service - Relocation to Standard Housing		OTHER SERVICES	
	FAMILY	INDIVIDUAL	Tenant Legal Rights Counseling	Provide Subsidized Rental Information
<u>ETHNIC BACKGROUND</u>				
1. Afro-American				
2. Caucasian				
3. Mexican-American				
4. American Indian				
5. Other				
<u>MARITAL STATUS</u>				
1. Unmarried				
2. Married				
<u>INCOME LEVEL</u>				
1. Under 3,000				
2. 3 - 5,000				
3. 5 - 7,000				
4. 7 - 9,000				
5. 9 - Over				

MODEL CITIES PROGRAM - CITY OF SAN DIEGO  
RELOCATION STATUS REPORT

Date: \_\_\_\_\_

PROJECT Relocation  
 Operating Agency City of San Diego, Community Development Department  
Redevelopment Agency

REPORT FOR MONTH ENDING \_\_\_\_\_  
 PROJECT NO. SDMC-P-4

<u>RELOCATED THIS MONTH</u>	Families	Individuals	Business		PLANNED Fam. & Ind.	ACTUAL Fam. & Ind.
Code Enforcement						
Other:						
<u>CUMULATIVE OF THOSE RELOCATED</u>	Families	Individuals	Business		Planned Fam. & Ind.	Actual Fam. & Ind.
Code Enforcement						
Other:						
<u>CUMULATIVE DISPLACEMENT THROUGH PREVIOUS MONTH</u>	Families	Individuals	Business		Planned Fam. & Ind.	Actual Fam. & Ind.
Code Enforcement						
Other:						
<u>NUMBERS OF PERSONS RELOCATED INTO: Cumulative</u>	Total Monthly Allocated Families	Individuals	Business		Planned Fam. & Ind.	Actual Fam. & Ind.
Public Housing						
Standard Private Rentals						
Standard Sales Housing						
SUB-Standard Housing						
Too distant to inspect (State where)						
Whereabouts unknown tracing						
Whereabouts unknown tracing abandoned						
New business sites						
Discontinued operations						

2003

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

MODEL CITIES PROGRAM - CITY OF SAN DIEGO

RELOCATION STATUS REPORT

Date: \_\_\_\_\_

PROJECT Relocation  
 Operating Agency City of San Diego, Community Development Department  
Redevelopment Agency

PROJECT NO. SDMC-P-4

<u>CUMULATIVE THROUGH PREVIOUS MONTH</u>	Families	Individuals	Business	Payment Verified	Planned	Actual
Moving Expenses						
Property Loss						
Dislocation Allowance						
Replacement Housing Payment						
<u>REMAINING TO BE RELOCATED</u>	Families	Individuals	Business		Planned	Actual
Code Enforcement						
Other:						
<u>RELOCATION PAYMENTS THIS MONTH</u>	Total Allocated Families	Individuals	Business	Payment Verified	Planned	Actual
Moving Expenses						
Property Loss						
Dislocation Allowance						
Settlement Cost						
Replacement Housing Payment						

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RESIDENT EMPLOYMENT AND TRAINING

Reporting Period

PROJECT NAME Relocation - SDMC-P-4

From \_\_\_\_\_ to \_\_\_\_\_

	TOTAL EMPLOYEES				TOTAL PROFESSIONALS			TOTAL CLERICAL			TOTAL PARAPROFESSIONALS			TRAINING # employees currently receiving
	#	% Minorities	% Women	% Vietnam Era Veterans	#	%		#	%		#	%		
FULL TIME														
PART TIME														

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	JOB UPGRADINGS	
	# expected next reporting period	# in current reporting period
FULL TIME		
PART TIME		



MODEL CITIES DEPARTMENT - CITY OF SAN DIEGO

Quarterly Citizen Participation Performance Standard

PROJECT Relocation - SDMC-P-4

OPERATING AGENCY City of San Diego, Community Development Department

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	First	Second	Third	Fourth
Number of meetings				
Average number of MNR's in attendance per meeting				
Average number of Board members in attendance per meeting				

NARRATIVE

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

OPERATING AGENCY City of San Diego Community Development Dept.				PROJECT Relocation			
MODEL CITIES PROJECT BUDGET				PROGRAM CATEGORY Relocation			
CONTRACT PERIOD FROM: 4-1-73 TO: 6-30-74				<input type="checkbox"/> ORIGINAL SUBMISSION <input checked="" type="checkbox"/> REVISION NO. 1			
(2)	PRIOR YEARS MC GRANT FUNDS (3)	CURRENT APPROVED BUDGET MC GRANT FUNDS * (4)	MC GRANT * (5)	REQUESTED FUNDS			TOTAL (Col. 5 & 6) * (7)
				NON MC GRANT FUNDS			
				FEDERAL (6a)	STATE (6b)	LOCAL (6c)	
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 - NON-PERS. EXP. & OUTLAY	405,052	0	0				0
GRAND TOTAL	445,542	0	0				0
TOTAL LOCAL SHARE BREAKDOWN BY:							<input checked="" type="checkbox"/> CASH <input type="checkbox"/> 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.

# EXHIBIT C

208316

REVIEW AND APPROVAL			
<i>S.T. Sigson</i>	6-18-73		
OPERATING AGENCY DIRECTOR	DATE	AUTHORIZATION	
<i>James Richard Gray</i>	6-20-73	<i>[Signature]</i>	6/20/73
ASSOC. ADMIN. FOR PLANNING AND RESOURCE DEVELOPMENT	DATE	MODEL CITIES DIRECTOR	DATE
<i>Emilie Winter</i>	6-20-73	<i>[Signature]</i>	6/20/73
ASSOC. ADMINISTRATOR FOR FINANCE	DATE	BUDGET DIRECTOR	DATE

OPERATING AGENCY City of San Diego Community Development Dept.				PROJECT Relocation			
BUDGET EXHIBIT FOR OPERATING AGREEMENT				PROGRAM CATEGORY Relocation			
CONTRACT PERIOD FROM: 4-1-73		TO: 6-30-74		<input type="checkbox"/> ORIGINAL SUBMISSION <input checked="" type="checkbox"/> REVISION NO. 1			
COST CATEGORY (2)	PRIOR YEARS MC GRANT FUNDS (3)	CURRENT APPROVED BUDGET MC GRANT FUNDS (4)	MC GRANT (5)	REQUESTED FUNDS			TOTAL (Col. 5 & 6) (7)
				FEDERAL (6a)	STATE (6b)	LOCAL (6c)	
PERSONAL SERVICES	40,490	0	0				0
NON-PERS. EXP. & OUTLAY	405,052	0	0				0
GRAND TOTAL	445,542	0	0				0
TOTAL LOCAL SHARE BREAKDOWN BY:				CASH			
				IN-KIND			

NOTES:

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# ANNUAL BUDGET REQUEST

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

FUND NO. 2903 FISCAL YEAR 3rd Action

DATE July 1, 1973

DEPT. ACTIVITY & DESCRIPTION	ACCI. NO.	PRIOR YEARS ACTUAL EXPENSE		CURRENT YEAR			DEPARTMENTAL BUDGET REQUEST 12 month	PRELIMINARY BUDGET 15 month	FINAL BUDGET
		First Action Year	Second Action Year	BUDGET 3 month	TO DATE ACTUAL EXPENDITURES	EST. TOTAL EXPENDITURES			
Personal Services	1151	7,003	33,487	6,519			30,252	36,771	208346
Telephone	2212	145	967	174			600	774	
Transportation	2215	519	1,237	300			960	1,260	
Comp. Insurance	2424	15	302	59			272	331	
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 Exp.-Ind.	3405	278	2,592	600			0	600	
Moving Exp.-Fam.	3406	3,692	15,566	1,200			7,800	9,000	
Moving Exp.-Bus.	3407	0	9,834	0			0	0	
A.R.P.	3408	124	0	0			0	0	

# ANNUAL BUDGET REQUEST

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

FUND NO. 2903 FISCAL YEAR 3rd Action

DATE July 1, 1973

DEPT./ACTIVITY & DESCRIPTION	ACCT. NO.	PRIOR YEARS ACTUAL EXPENSE		CURRENT YEAR			DEPARTMENTAL BUDGET REQUEST 12 month	PRELIMINARY BUDGET 15 month	FINAL BUDGET
		First Action Year	Second Action Year	BUDGET 3 month	TO DATE ACTUAL EXPENDITURES	EST. TOTAL EXPENDITURES			
Add. Reloc.-Fam.	3409	124	1,084	0			0	0	208346
RHP-TCO	3410	49,843	171,700	14,000			38,500	52,500	
Xerox	3414	0	0	0			0	0	
Replacement Housing	3416	0	56,964	30,000			21,700	51,700	
Dislocation Housing	3420	4,600	27,734	400			2,000	2,400	
Retirement	3450	135	2,314	650			3,016	3,666	
Social Security	3452	207	1,850	381			1,770	2,151	
<b>Total Non Personal</b>		<b>61,683</b>	<b>341,399</b>	<b>50,081</b>			<b>87,421</b>	<b>137,502</b>	
Equipment Outlay	4540	970	1,000	0			227	227	
<b>Grand Total</b>		<b>69,656</b>	<b>375,886</b>	<b>56,600</b>			<b>117,900</b>	<b>174,500</b>	

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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

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FISCAL YEAR	OBJECT ACCOUNT TITLE	DEPT./ACTIVITY NO.	OBJ. ACCT. NO.
3rd Action Year	Telephone and Telegraph	77.26	2212

OBJECT ACCOUNT BUDGET EXPLANATION

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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

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FISCAL YEAR	OBJECT ACCOUNT TITLE	DEPT./ACTIVITY NO.	OBJ. ACCT. NO.
3rd Action	Transportation Allowance	77.26	2215

OBJECT ACCOUNT BUDGET EXPLANATION



USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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

3 Month Budget

\$117.00

12 Month Budget

\$545.00

TOTAL \$662.00

208346

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

**OBJECT ACCOUNT BUDGET EXPLANATION**

1. DEPT.  
77.26

TRAVEL REQUEST SUMMARY

CITY OF SAN DIEGO

FORM BD-1313 (10-67)

2. REF. NO.	3. MEETING NAME	4. DESTINATION	5. DATE	6. NO. PERS.	7. DEPT. EST. EXPENSES	8. LEAVE BLANK
1	Area Office Meeting	Los Angeles	To be determined	1	\$30.00	
2	Area Office Meeting	Los Angeles	"	1	30.00	
3	Area Office Meeting	Los Angeles	"	1	30.00	
4	Area Office Meeting	Los Angeles	"	1	30.00	
					208346	
					\$ 120.00	\$

*[Handwritten signature]*

**TRAVEL REQUEST and EXPENSE REPORT**

FISCAL YEAR \_\_\_\_\_

CITY OF SAN DIEGO

1. NAME OF TRAVELER <b>To be determined</b>		2. TITLE <b>To be determined</b>		3. DEPT. <b>77. 26</b>	
4. REF. NO. <b>1</b>	5. OFFICIAL MEETING NAME <b>AREA OFFICE MEETING</b>				
6. SPECIFY BENEFITS TO BE DERIVED BY THE CITY THROUGH ATTENDANCE <b>To confer with HUD Area Office Officials regarding implementation of the Model Cities Relocation Program</b>					
7. DESTINATION <b>Los Angeles</b>		8. DATE OF MEETING <b>To be determined</b>		9. DATE OF DEPARTURE <b>To be determined</b>	
				10. DATE OF RETURN <b>To be determined</b>	
11. <input type="checkbox"/> PRIVATE AUTO <input checked="" type="checkbox"/> AIR <input type="checkbox"/> CITY VEHICLE <input type="checkbox"/> TRAIN		12. DEPT. HEAD APPROVAL <i>[Signature]</i>			
13. BUDGET DETAILS		UNITS	RATE	AMOUNT	15. LEAVE BLANK
A. LODGING			\$	\$	\$
B. MEALS		<b>1</b>	<b>4.00</b>	<b>4.00</b>	
C. TRANSPORTATION		<b>1</b>	<b>16.00</b>	<b>16.00</b>	
D. OTHER (SPECIFY)					
(1) <b>CAB</b>		<b>2</b>	<b>5.00</b>	<b>10.00</b>	
(2)					
(3)					
14. ESTIMATED TOTAL EXPENSES				<b>\$ 30.00</b>	\$

DATES		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
TRANSPORTATION / CAR MILEAGE									
TAXIS OR GARAGE									
HOTEL									
TELEPHONE AND TELEGRAPH (OFFICIAL CALLS ONLY)									
TIPS									
MEALS	BREAKFAST								
	LUNCH								
	DINNER								
OTHER (SPECIFY)									
TOTALS									

**MUST BE FILED WITHIN THREE DAYS AFTER COMPLETION OF TRIP.**

Attach receipts for Hotel, Transportation and any Special Items.

Items on report are normally allowed travel expenses. Explain any special items on the reverse side.

Give names and business connections of persons whose meals were paid by traveler.

**208346**

I certify that the foregoing statement is correct.

Signed \_\_\_\_\_

Date \_\_\_\_\_ Approved \_\_\_\_\_

Total Expense

Less Cash Advanced  
Warrant Check No.

Due City  
Deposit Receipt No.

Due Traveler

**TRAVEL REQUEST and EXPENSE REPORT**

FISCAL YEAR \_\_\_\_\_

CITY OF SAN DIEGO

1. NAME OF TRAVELER <b>To be determined</b>	2. TITLE <b>To be determined</b>	3. DEPT. <b>77.26</b>
--	-------------------------------------	--------------------------

4. REF. NO. <b>2</b>	5. OFFICIAL MEETING NAME <b>AREA OFFICE MEETING</b>
-------------------------	--

6. SPECIFY BENEFITS TO BE DERIVED BY THE CITY THROUGH ATTENDENCE  
**TO FURTHER ASCERTAIN HUD REGULATIONS AND PROVISIONS TO ASSIST THE RELOCATION PROJECT.**

7. DESTINATION <b>LOS ANGELES</b>	8. DATE OF MEETING <b>To be determined</b>	9. DATE OF DEPARTURE <b>To be determined</b>	10. DATE OF RETURN <b>To be determined</b>
--------------------------------------	---	---	---

11. <input type="checkbox"/> PRIVATE AUTO <input checked="" type="checkbox"/> AIR <input type="checkbox"/> CITY VEHICLE <input type="checkbox"/> TRAIN	12. DEPT. HEAD APPROVAL <i>[Signature]</i>
---	---

13. BUDGET DETAILS	UNITS	RATE	AMOUNT	15. LEAVE BLANK	16. APPROVING AUTHORITY APPROVAL
A. LODGING		\$	\$	\$	
B. MEALS	1	4.00	4.00		
C. TRANSPORTATION	1	16.00	16.00		
D. OTHER (SPECIFY)					
(1) <b>CAB</b>	2	5.00	10.00		
(2)					
(3)					

14. ESTIMATED TOTAL EXPENSES	<b>\$ 30.00</b>	<b>\$</b>
------------------------------	-----------------	-----------

DATES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
TRANSPORTATION / CAR MILEAGE								
TAXIS OR GARAGE								
HOTEL								
TELEPHONE AND TELEGRAPH (OFFICIAL CALLS ONLY)								
TIPS								
MEALS	BREAKFAST							
	LUNCH							
	DINNER							
OTHER (SPECIFY)								
TOTALS								

**MUST BE FILED WITHIN THREE DAYS AFTER COMPLETION OF TRIP.**  
 Attach receipts for Hotel, Transportation and any Special Items.  
 Items on report are normally allowed travel expenses. Explain any special items on the reverse side.  
 Give names and business connections of persons whose meals were paid by traveler. **208346**

I certify that the foregoing statement is correct.	Total Expense
Signed _____	Less Cash Advanced Warrant Check No.
Date _____ Approved _____	Due City Deposit Receipt No.
	Due Traveler

**TRAVEL REQUEST and EXPENSE REPORT**

FISCAL YEAR \_\_\_\_\_

CITY OF SAN DIEGO

1. NAME OF TRAVELER <b>To be determined</b>	2. TITLE <b>To be determined</b>	3. DEPT. <b>77.26</b>
4. REF. NO. <b>3</b>	5. OFFICIAL MEETING NAME <b>AREA OFFICE MEETING</b>	
6. SPECIFY BENEFITS TO BE DERIVED BY THE CITY THROUGH ATTENDANCE <b>To further ascertain HUD regulations and provisions to assist the relocation project.</b>		

7. DESTINATION <b>LOS ANGELES</b>	8. DATE OF MEETING <b>To be determined</b>	9. DATE OF DEPARTURE <b>To be determined</b>	10. DATE OF RETURN <b>To be determined</b>
11. <input type="checkbox"/> PRIVATE AUTO <input checked="" type="checkbox"/> AIR <input type="checkbox"/> CITY VEHICLE <input type="checkbox"/> TRAIN		12. DEPT. HEAD APPROVAL <i>[Signature]</i>	
13. BUDGET DETAILS	UNITS	RATE	AMOUNT
A. LODGING		\$	\$
B. MEALS	1	4.00	4.00
C. TRANSPORTATION	1	16.00	16.00
D. OTHER (SPECIFY)			
(1) CAB	2	5.00	10.00
(2)			
(3)			
14. ESTIMATED TOTAL EXPENSES			\$ 30.00

DATES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
TRANSPORTATION / CAR MILEAGE								
TAXIS OR GARAGE								
HOTEL								
TELEPHONE AND TELEGRAPH (OFFICIAL CALLS ONLY)								
TIPS								
MEALS								
BREAKFAST								
LUNCH								
DINNER								
OTHER (SPECIFY)								
TOTALS								

**MUST BE FILED WITHIN THREE DAYS AFTER COMPLETION OF TRIP.**  
 Attach receipts for Hotel, Transportation and any Special Items.  
 Items on report are normally allowed travel expenses. Explain any special items on the reverse side.  
 Give names and business connections of persons whose meals were paid by traveler.

**208346**

I certify that the foregoing statement is correct.	Total Expense	
Signed _____	Less Cash Advanced Warrant Check No.	
Date _____ Approved _____	Due City Deposit Receipt No.	
	Due Traveler	

**TRAVEL REQUEST and EXPENSE REPORT**

FISCAL YEAR \_\_\_\_\_

CITY OF SAN DIEGO

TRAVEL REQUEST	1. NAME OF TRAVELER <b>To be determined</b>		2. TITLE <b>To be determined</b>		3. DEPT. <b>77.26</b>						
	4. REF. NO. <b>4</b>	5. OFFICIAL MEETING NAME <b>AREA OFFICE MEETING</b>									
	6. SPECIFY BENEFITS TO BE DERIVED BY THE CITY THROUGH ATTENDENCE  <b>TO FURTHER ASCERTAIN HUD REGULATIONS AND PROVISIONS TO ASSIST THE RELOCATION PROJECT.</b>										
	7. DESTINATION <b>LOS ANGELES</b>		8. DATE OF MEETING <b>To be determined</b>		9. DATE OF DEPARTURE <b>To be determined</b>						
	10. DATE OF RETURN <b>To be determined</b>										
	11. <input type="checkbox"/> PRIVATE AUTO <input checked="" type="checkbox"/> AIR <input type="checkbox"/> CITY VEHICLE <input type="checkbox"/> TRAIN		12. DEPT. HEAD APPROVAL <i>[Signature]</i>								
	13. BUDGET DETAILS		UNITS	RATE	AMOUNT	15. LEAVE BLANK	16. APPROVING AUTHORITY APPROVAL				
	A. LODGING			\$	\$	\$					
	B. MEALS		<b>1</b>	<b>4.00</b>	<b>4.00</b>						
	C. TRANSPORTATION		<b>1</b>	<b>16.00</b>	<b>16.00</b>						
D. OTHER (SPECIFY)											
(1) <b>CAB</b>		<b>2</b>	<b>5.00</b>	<b>10.00</b>							
(2)											
(3)											
14. ESTIMATED TOTAL EXPENSES				<b>\$ 30.00</b>	<b>\$</b>						
TRAVEL EXPENSE REPORT	DATES		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS	
	TRANSPORTATION / CAR MILEAGE										
	TAXIS OR GARAGE										
	HOTEL										
	TELEPHONE AND TELEGRAPH (OFFICIAL CALLS ONLY)										
	TIPS										
	MEALS	BREAKFAST									
		LUNCH									
		DINNER									
	OTHER (SPECIFY)										
	TOTALS										
	<p><b>MUST BE FILED WITHIN THREE DAYS AFTER COMPLETION OF TRIP.</b>                  Attach receipts for Hotel, Transportation and any Special Items.                  Items on report are normally allowed travel expenses. Explain any special items on the reverse side. <b>208346</b>                  Give names and business connections of persons whose meals were paid by traveler.</p>										
	I certify that the foregoing statement is correct.						Total Expense				
Signed _____						Less Cash Advanced					
						Warrant Check No.					
Date _____ Approved _____						Due City					
						Deposit Receipt No.					
						Due Traveler					

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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 Aillsbrook  
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

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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



USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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	Dislocation Allowance Individuals	77.26	3403

**OBJECT ACCOUNT BUDGET EXPLANATION**

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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	DEPT./ACTIVITY NO.	OBJ. ACCT. NO.
3rd Action	Moving Expense - Families	77.26	3406

OBJECT ACCOUNT BUDGET EXPLANATION

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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. 38,500.00  
11 Tenants X \$3,500.00 =

TOTAL \$52,500.00

208316

FISCAL YEAR	OBJECT ACCOUNT TITLE	DEPT./ACTIVITY NO.	OBJ. ACCT. NO.
3rd Action	Replacement Housing Payments	77.26	3410

**OBJECT ACCOUNT BUDGET EXPLANATION**

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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**

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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

Total \$2,400.00

208346

FISCAL YEAR	OBJECT ACCOUNT TITLE	DEPT./ACTIVITY NO.	OBJ. ACCT. NO.
3rd Act. Yr.	Dislocation Allowance - Families	77.26	3420

**OBJECT ACCOUNT BUDGET EXPLANATION**

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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	DEPT./ACTIVITY NO.	OBJ. ACCT. NO.
3rd Action	Retirement	77.26	3450

**OBJECT ACCOUNT BUDGET EXPLANATION**

USE WHEN ENTRIES ON FORM DP-103, ANNUAL BUDGET REQUEST, REQUIRE EXPLANATION  
SEE BUDGET MANUAL FOR PREPARATION INSTRUCTIONS

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





CITY OF SAN DIEGO - BUDGET DEPARTMENT  
 DEPARTMENTAL BUDGET REQUEST - OUTLAY

1. DEPARTMENT MODEL CITIES		2. ACTIVITY RELOCATION		3. DEPT. & ACT. NO. 7726	4. REF. NO. 1
5. DISTRIBUTION OF OUTLAY ITEMS TO FACILITIES					
A. FACILITY OR LOCATION		B. NO.	C. BUD. O.	D. FACILITY OR LOCATION	F. BUD. O.
1369 "B" Street S. D. CA.					
6. EQUIPMENT OR OTHER OBJECT OF OUTLAY EXPENDITURE					
A. QUAN.	B. DESCRIPTION				
1	OFFICE TABLE 72" x 30"				
7. SIMILAR EQUIPMENT AT SAME LOCATIONS			8. AVERAGE DAILY USE (HOURS, MILES, ETC.)		
A. QUAN.	B. DESCRIPTION	A. PRESENT EQUIP.		B. REQUESTED EQUIP.	
	none				
9. EXPLAIN NECESSITY FOR, OR BENEFITS TO BE EXPECTED FROM THIS EXPENDITURE					
NECESSARY TO CARRY OUT ADDITIONAL RELOCATION CASES					
10. IS REQUEST CONTINGENT UPON INCREASE OF PERSONNEL? (IF 'YES', EXPLAIN)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
11. LIST EQUIPMENT TO BE DISPLACED					
A. INV. NO.	B. DESCRIPTION	C. RECOMMENDED DISPOSAL			
12. ESTIMATED COST		UNIT COST	TOTAL COST	FOR USE BY BUDGET OFFICE STAFF	
IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE	A. PURCHASE PRICE	\$93.00	\$93.00		
	B. LABOR				
	C. MATERIAL				
	D.				
	E.				
TOTAL COST (ITEMS A THRU E)			\$93.00		
13. EXPLAIN ADDITIONAL COSTS (B THRU E OF 12 ABOVE)				14. SIGNATURE OF REQUESTOR	
RESERVED FOR USE OF BUDGET OFFICE					
15. COMMENTS OF BUDGET ANALYST				16. PRIORITY	
				17. APPROVED	
				208346	

CITY OF SAN DIEGO - BUDGET DEPARTMENT

DEPARTMENTAL BUDGET REQUEST - OUTLAY

1. DEPARTMENT MODEL CITIES		2. ACTIVITY RELOCATION		3. DEPT. & ACT. NO. 77 26	4. REF. NO. 2
5. DISTRIBUTION OF OUTLAY ITEMS TO FACILITIES					
A. FACILITY OR LOCATION		B. NO.	C. BUD. O.	D. FACILITY OR LOCATION	F. BUD. O.
1369 "B" Street S. D. CA.					
6. EQUIPMENT OR OTHER OBJECT OF OUTLAY EXPENDITURE					
A. QUAN.	B. DESCRIPTION				
1	FIVE DRAWER FILE CABINET				
7. SIMILAR EQUIPMENT AT SAME LOCATIONS			8. AVERAGE DAILY USE (HOURS, MILES, ETC.)		
A. QUAN.	B. DESCRIPTION		A. PRESENT EQUIP.	B. REQUESTED EQUIP.	
2	File Cabinets 4 Drawer				
9. EXPLAIN NECESSITY FOR, OR BENEFITS TO BE EXPECTED FROM THIS EXPENDITURE					
NECESSARY TO CARRY OUT ADDITIONAL RELOCATION CASES					
10. IS REQUEST CONTINGENT UPON INCREASE OF PERSONNEL? (IF 'YES', EXPLAIN)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
11. LIST EQUIPMENT TO BE DISPLACED					
A. INV. NO.	B. DESCRIPTION			C. RECOMMENDED DISPOSAL	
12. ESTIMATED COST		UNIT COST	TOTAL COST	FOR USE BY BUDGET OFFICE STAFF	
IN SPACE (B) THRU (E) SHOW ADDITIONAL COSTS NECESSARY TO PLACE ITEM IN SERVICE	A. PURCHASE PRICE	\$134.00	\$134.00		
	B. LABOR				
	C. MATERIAL				
	D.				
	E.				
TOTAL COST (ITEMS A THRU E)			\$134.00		
13. EXPLAIN ADDITIONAL COSTS (B THRU E OF 12 ABOVE)				14. SIGNATURE OF REQUESTOR	
RESERVED FOR USE OF BUDGET OFFICE					
15. COMMENTS OF BUDGET ANALYST				16. PRIORITY	
				17. APPROVED	
				208316	

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

PROJECT Relocation 77.26

OPERATING AGENCY City of San Diego Community Development Department

SUBSIC

DESCRIPTION	ACCT. NO.	MONTH													TOTAL BUDG	
		thru 3	4	5	6	7	8	9	10	11	12	13	14	15		
Personal Services	1151	6,519	2,521	2,521	2,521	2,521	2,521	2,521	2,521	2,521	2,521	2,521	2,521	2,521	2,521	36,771
Telephone	2212	174	50	50	50	50	50	50	50	50	50	50	50	50	50	774
Transportatio	2215	300	80	80	80	80	80	80	80	80	80	80	80	80	80	1,260
Comp. Ins.	2424	59	23	23	23	23	23	23	23	23	22	22	22	22	22	331
Emp. Grp. Ins.	2425	117	47	46	46	46	46	46	46	46	44	44	44	44	44	662
Postage	3211	15	5	5	5	5	5	5	5	5	5	5	5	5	5	75
Sched. Travel	3213	0	30	0	0	30	0	0	0	30	0	0	30	0	0	120
Photo Xerox	3236	0	13	13	12	12	12	12	12	12	12	12	12	12	12	146
Supply																
Misc. Contr. Services	3299	1,650	686	690	690	690	690	690	690	690	690	690	690	690	690	9,926
Office Supp.	3301	135	85	85	85	85	85	85	85	85	85	85	85	85	85	1,155
Periodical	3361	0	6	0	6	0	6	0	6	0	6	0	6	0	0	36
Dislocation Allow.-Ind.	3403	400	200	0	0	0	200	0	0	0	200	0	0	0	0	1,000
Moving Exp.-Ind.	3405	600	0	0	0	0	0	0	0	0	0	0	0	0	0	600
Moving Exp.-Fam.	3406	1,200	658	660	660	658	658	658	658	658	658	658	658	558	558	9,000
R.H.P.-T.C.O.	3410	14,000	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	0	0	52,500
Replacement Housing	3416	30,000	10,850	10,850	0	0	0	0	0	0	0	0	0	0	0	51,700
Dislocation Allowance	3420	400	1,200	200	200	200	200	0	0	0	0	0	0	0	0	2,400
Retirement	3450	650	255	251	251	251	251	251	251	251	251	251	251	251	251	3,666
Social Security	3452	381	156	147	147	147	147	147	147	147	147	146	146	146	146	2,151
Total Non Personal		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	1,943	137,502
Equipment Outlay	4540	0	0	0	0	227	0	0	0	0	0	0	0	0	0	227
Grand Total		56,600	20,365	19,121	8,276	8,525	8,474	8,068	8,074	8,098	8,271	8,064	8,100	4,464	4,464	174,500

CD 205A (4/73)

*Handwritten mark*

*Handwritten mark*

**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  
CITY CLERK'S OFFICE  
JUN 29 11 14  
SAN DIEGO, CALIF.

\_\_\_\_\_  
Auditor and Comptroller of  
The City of San Diego, Calif.

By \_\_\_\_\_, 19 \_\_\_\_\_

**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

Dated June 25, 19 73

W. B. Sage  
Auditor and Comptroller of  
The City of San Diego, Calif.

BY M. Durycal

Job Order \_\_\_\_\_  
Resolution No. \_\_\_\_\_  
Project No. \_\_\_\_\_

Fund 2903 Dept./Activity 7725 Object 3299

Purpose Model Cities Third Action Year Program

Vendor Relocation

JUL 5 1973

CERTIFICATE NO. 4900

208346

Passed and adopted by the Council of The City of San Diego on JUL 5 1973,  
 by the following vote:

RECEIVED  
 CITY CLERK'S OFFICE  
 JUL 29 11 21  
 SAN DIEGO, CALIF.

Councilmen	Yeas	Nays	Excused	Absent
Gil Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maureen F. O'Connor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henry L. Landt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leon L. Williams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floyd L. Morrow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bob Martinet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allen Hitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jim Bates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mayor Pete Wilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUTHENTICATED BY:

PETE WILSON  
 Mayor of The City of San Diego, California.

EDWARD NIELSEN  
 City Clerk of The City of San Diego, California.

(Seal)

By Mary Anne Meust Deputy.

Office of the City Clerk, San Diego, California

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