



Budget Amendment Request
For Budget Year 2021

Department of Finance
723 S. Lewis Street/P.O. Box 1449
Stillwater, OK 74076-1449

Office: 405.372.0025
Web: stillwater.org

Date: 10/13/2020

Department: SEDA

Requested by: Christy Cluck *SEDA-20-06*

Explanation:

#1
This amendment is to increase the transfer in of the SEDA TIF #3 Fund from the General Fund by \$350,000 to fund the development agreement with Everyman.

| Account Name | Account Number <small>(xxxxxxx-xxxxx)</small> | Project Number | Current Budget Amount | Amount of Change | New Budget Amount |
|-----------------------------|--|----------------|-----------------------|------------------|-------------------|
| Increase: | | | | | |
| TIF #3 Downtown/Transfer In | 8540000 - 61000 | | \$ 0 | \$ 350,000 | \$ 350,000 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| Decrease: | | | | | |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |

Net Change: (will usually result in a total increase or decrease)

\$ 350,000

Reviewed by Department Manager: _____

Date: _____

Reviewed by Finance: *Leah Berry* _____

Date: *10/13/20*

Approved by CMO: _____

Date: _____

Approved by City Council: Yes No

Date: _____

Processed by Finance: _____

Date: _____

Set ID: _____

Date Sent to SA&I: _____

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Date: 10/13/2020

Department: SEDA

Requested by: Christy Cluck *SEDA-20-06*

Explanation:

#2
This amendment appropriates the \$350,000 transferred from the General Fund to the SEDA TIF #3 Fund for the development agreement with Everyman.

| Account Name | Account Number (xxxxxxx-xxxxx) | Project Number | Current Budget Amount | Amount of Change | New Budget Amount |
|--------------|-----------------------------------|-----------------|-----------------------|------------------|-------------------|
| Increase: | TIF #3 Downtown/Develop Agree | 8540000 - 53046 | \$ 0 | \$ 350,000 | \$ 350,000 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| Decrease: | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |
| | - | | | | \$ 0 |

Net Change: (will usually result in a total increase or decrease)

\$ 350,000

Reviewed by Department Manager: _____

Date: _____

Reviewed by Finance: *Leah Beroy CA*

Date: 10/13/20

Approved by CMO: _____

Date: _____

Approved by City Council: Yes No

Date: _____

Processed by Finance: _____

Date: _____

Set ID: _____

Date Sent to SA&I: _____

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