**FY22 City Council Discretionary Pandemic Support Scope and Budget**

This document should be completed and submitted by the Provider in response to Agency’s request for Scope of Work and/or Budget related to City Council’s Discretionary Pandemic Support award.

**Provider Name:**

**Provider EIN:**

**MOCS ID:**

**Term of Agreement:** 7/1/2021 – 6/30/2022

**Purpose of Funds:** One time increase in operating expenses, including personnel, related to COVID-19 and returning to work.

**Budget Template:** Please list the expenses that will be funded by this award and the corresponding amount(s). There is no limit on the number of expenses funded by this award.

|  |  |
| --- | --- |
| Expense | Amount ($) |
|  |  |
|  |  |
|  |  |
| Total Expenses |  |