



CITY OF EL PASO

COUNCIL BUDGET ADJUSTMENT REQUEST FORM

Fiscal Year: FY 2027

Council Member: _____

Date Submitted: _____

1. Adjustment Summary

Proposal Name: _____

Category (Check One):

- | | |
|-----------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Increase Revenue | <input type="checkbox"/> Reallocate Funds |
| <input type="checkbox"/> Reduce Expenditure | <input type="checkbox"/> Policy Change with Fiscal Impact |
| <input type="checkbox"/> Increase Expenditure | |

Strategic Priority Alignment:

- | | | |
|--------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Economic Mobility | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> Good Governance |
| <input type="checkbox"/> Public Safety | <input type="checkbox"/> Quality of Life | |

2. Description of the request

Provide a concise explanation of the requested adjustment:

3. Financial Impact – Revenue

Type	One-Time Impact	Ongoing Annual Impact	Total Impact
Increase	_____	_____	_____
Decrease	_____	_____	_____

Proposed Revenue Source (Check All That Apply):

- | | | |
|--------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> User Fee Increase | <input type="checkbox"/> Sales Tax Allocation | <input type="checkbox"/> Fund Balance (One-Time Only) |
| <input type="checkbox"/> New Fee/Charge | <input type="checkbox"/> Franchise Fee Adjustment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Property Tax Adjustment | <input type="checkbox"/> Grant Funding | |

Financial Impact – Expenditure

Department	Program	Increase	Decrease	Ongoing or One-time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personnel Impact:

- Add FTE(s) (#____)
 Eliminate FTE(s) (#____)
 No Personnel Impact

4. Funding Source Identification (Required for Increases)

- Offset by Revenue Increase
 Reprioritize Within Department
 Reduce Other Program (identify below)
 Other: _____
 Use One-Time Funds

If reducing another program, describe below:

5. Policy or Service Impact

- Improves Service Level
 Reduces Service Level
 Maintains Service Level
 Creates New Service

Please Describe:

6. Long-Term Fiscal Sustainability Assessment

- One-Time Adjustment
 Ongoing Structural Impact

Does this create future-year obligations? Yes No

7. Performance & Outcome Metrics

How will success be measured?

Council Member Signature: _____