

SCHEDULE OF EMERGENCY SITUATIONS

MUNICIPALITY _____

(A) EMERGENCY SITUATION (BUDGET ITEM)	(B) EXPLANATION (ATTACH SUPPORTING INFORMATION)	(C) AMOUNT BUDGETED CURRENT YEAR (ATTACH BUDGET DOCUMENT)	(D) COL.(C)X ALLOWABLE CAP (e.g.: 105%)	(E) AMOUNT INCLUDED IN PROPOSED BUDGET (ATTACH PROPOSED BUDGET AND IDENTIFY WHERE EACH EMERGENCY SITUATION IS INCLUDED)	(F) AMOUNT OF PROPOSED EMERGENCY SITUATION COL.(E) - COL.(D)	(G) OFFSETTING REVENUES (*)

* If you will receive revenues which will partially offset the impact of a specific emergency situation on your budget, (e.g. a fee collected or a grant) please describe and quantify such revenues here and adjust the amount in column (F) to reflect the effect of offsetting revenues.