SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Request Item No: 102500YE02 For Fiscal Year: 2019 Requesting Organization: 10250000 RGNL TRANS HOUSIN Date of Request: 9-Sep-19 Budget Adjust Type(s): New Revenue or Expense Ongoing (Y or N): N If Yes, next year's CF impact: \$0 Net FTE Change: 0.00

Description and Justification:

EPA Assessement Grant: Under the EPA Assessment Grant that we have been awarded (\$600,000 for 3 years), we will be required to contract with a qualified environmental professional (QEP) to generate a community-wide Quality Assurance Performance Plan (QAPP), perform environmental assessments on properties of interest, and generate reports of their findings. The QAPP, the assessments, and the reports range in price from \$3,000 to tens of thousands, It is anticipated that we will perform multiple assessments this year and will need to budget \$100,000 for remaining 2019.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND			
FUND:	110 GENERAL		
	FUND		
Fund Impact (Budgetary)	\$0		
Fund Impact (Transfers)	\$0		
TOTAL FUND IMPACT	\$0		

SUMMARY OF CNTY FUNDING IMPACT BY DEPT					
DEPT REVENUE EXPENSE BALSHEET CNTY FUNDI					
1025000210 EPA Assesment	100,000	100,000	0	0	
TOTALS	100,000	100,000	0	0	

	Approvals	
Division Director:		Date:
Dept. or Elected Fiscal Mgr:	Robert Trujillo Digitally signed by Robert Trujillo Date: 2019.09.09 13:27:59-06'00'	Date:
Dept. Dir. or Elected Official:	Mike Reberg Digitally signed by Mike Reberg Date: 2019.09.10 08:12:29 -06'00'	Date:
Facilities Division Director: (Capital Projects Only)		Date:
Chief Financial Officer:		Date: 7/10/15
Mayor or Designee:	Approve Approve	Date: 9/10/19
Council Action:		Date:

Approve	

Period:			Bud	get Adjustme	nt Detail		
New Feveruse or Expanse	t Year:	2019		★ Requesting Dep	partment: 1025000	00 RGNL TRANS HOUSING AND	ECON DEV
EXPENSE Budget String(s): FUND SUB-DEPT ID EXPENSE ACCOUNT PROGRACT ID (OPT) PROJECT ID (CAP) AMOUNT	t Period:	Post June Year-End	Req Item No:	1098800X692	* Adjustment Title:	EPA Assessement Grant	
FUND SUB-DEPT ID	ment Type(s):	New Revenue or Expens	se •		-		
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Description and justification: (Attach additional pages as needed.)*

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(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.