

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 527200YE01	For Fiscal Year: 2019
Requesting Organization: 52720000 HOLLADAY BRANCH	Date of Request: 11-Sep-19
Budget Adjust Type(s): Existing Capital Project	Ongoing (Y or N): N
Fund Transfer	If Yes, next year's CF impact: \$0
New Revenue or Expense	Net FTE Change: 0.00

Description and Justification:

Holladay Re-roof: The Holladay Library is being remodeled with bond funds. During the remodel, it was discovered that the roof is in such bad condition that it really needs to be replaced at this time. This was not part of the original project budget. The estimate we have received on the roof is \$205,000. We believe we can come up with \$100,000 from the project budget but need to request the remaining \$105,000 be appropriated from our fund balance. The funds would be transferred from the Library fund to the MBA Bond projects fund.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND		
FUND:	360 LIBRARY FUND	485 LIBRARY 2018 MBA BOND PROJECTS FUND
Fund Impact (Budgetary)	\$0	(\$105,000)
Fund Impact (Transfers)	(\$105,000)	\$105,000
TOTAL FUND IMPACT	(\$105,000)	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
5272000000 HOLLADAY BRANCH PRGM	0	105,000	0	105,000
TOTALS	0	105,000	0	105,000

Approvals

Division Director: _____	Date: _____
Dept. or Elected Fiscal Mgr: _____	Date: _____
Dept. Dir. or Elected Official: _____	Date: _____
Facilities Division Director: _____	Date: _____
<i>(Capital Projects Only)</i>	
Chief Financial Officer: _____	Date: _____
Approve	
Mayor or Designee: _____	Date: _____
Approve	
Council Action: _____	Date: _____
Approve	

Budget Adjustment Detail

Budget Year: 2019 * Requesting Department: 52720000 HOLLADAY BRANCH
 Budget Period: Post June Year-End * Req Item No: 527200YE01 * Adjustment Title: Holladay Re-roof
 Adjustment Type(s): Existing Capital Project Fund Transfer New Revenue or Expense

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
485	5272000000	677005		LIBHOL	105,000

TOTAL EXPENDITURES Page 1: \$105,000
TOTAL EXPENDITURES ALL PAGES: \$105,000

Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT

TOTAL REVENUES Page 1: \$0
TOTAL REVENUES ALL PAGES: \$0

Balance Sheet/Fund Unrestriction String(s): Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	

TOTAL BALANCE SHEET CHANGE: \$0

* Ongoing (Y or N): <u>N</u>		No. of New FTEs: <u>0.00</u> (2)	
If Yes, next year's CF impact: <u>\$0</u>		No. of New Time Limited FTEs: <u>0.00</u> (2)	
		No. of Transferred FTEs: <u>0.00</u> (2)	
		No. of Abolished FTEs: <u>0.00</u> (2)	

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount
360	2500000000	485	5272000000	105,000

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.