

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 215000YE02	For Fiscal Year: 2018
Requesting Organization: 21500000 HEALTH	Date of Request: 20-Nov-18
Budget Adjust Type(s): Appropriation Unit Shift	Ongoing (Y or N): N
	If Yes, next year's CF impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Indigent Burial: Due to contractual issues at the end of 2017 and time to get a new vendor in place, Health's expenses for indigent burial have been higher than expected for 2018. Health is also seeing an increase in indigent deaths and is expecting more as the cold weather sets in. Health expects this adjustment to cover expenses for the rest of the year, however, the amount of possible deaths is difficult to predict.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	370 HEALTH FUND
Fund Impact (Budgetary)	\$0
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
TOTALS	0	0	0	0

Approvals

Division Director:	Dorothy Adams Digitally signed by Dorothy Adams Date: 2018.11.20 12:56:01 -0700	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding Digitally signed by Yanping Ding Date: 2018.11.20 12:58:30 -0700	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton Digitally signed by Karen Crompton Date: 2018.11.20 16:17:00 -0700	Date: _____
Facilities Division Director: (Capital Projects Only)	_____	Date: _____
Chief Financial Officer:	 _____ Approve	Date: 11/27/2018
Mayor or Designee:	 _____ Approve	Date: 11/29/18
Council Action:	_____ Approve	Date: _____

Budget Adjustment Detail									
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Adjustment Type(s): Appropriation Unit Shift

[illegible][illegible]

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

[illegible]

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