SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No:	410000IA01	**For Fiscal Year:**	***2020***
Requesting Organization:	41000000 ANIMAL SERVICES	**Date of Request:**	26-Mar-20
Budget Adjust Type(s):	Fund Transfer	**Ongoing (Y or N):**	N
		If Yes, next year's CF impact:	$0
		Net FTE Change:	0.00

Description and Justification:

Fund Transfer: Animal Services requests to transfer $30,000 from the injured animal donation fund to the animal care department to supplement the outside veterinary services. Animal Services also requests to transfer $150,000 from the shelter donation fund to the temporary/seasonal labor cost for the animal care dept.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	735 PUBLIC WORKS AND OTHER SERVICES FUND
Fund Impact (Budgetary)	$0
Fund Impact (Transfers)	$0
TOTAL FUND IMPACT	$0

* Balance sheet or fund unrestriction impacted fund; please see the adjustment form balance sheet/fund

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
4100000000 ANIMAL SERVICES PRGM	0	0	(180,000)	(180,000)
4100000400 ANIMAL CARE	0	180,000	0	180,000
TOTALS	0	180,000	(180,000)	0

Approvals

Division Director: _____ **Date:** _____

Dept. or Elected Fiscal Mgr: _____ **Date:** _____

Dept. Dir. or Elected Official: _____ **Date:** _____

Facilities Division Director: _____ **Date:** _____
(Capital Projects Only)

Chief Financial Officer: _____ **Date:** _____
Approve

Mayor or Designee: _____ **Date:** _____
Approve

Council Action: _____ **Date:** _____
Approve

Budget Adjustment Detail

Budget Year: 2020 | * **Requesting Department:** 41000000 ANIMAL SERVICES

Budget Period: Pre-June Interim | * **Req Item No:** 410000IA01 | * **Adjustment Title:** Fund Transfer

Adjustment Type(s): Fund Transfer

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
735	4100000400		639025 OTHER PROFESSIONAL FEES			30,000
735	4100000400		601050 TEMPORARY SEASONAL EMERGENCY			150,000

TOTAL EXPENDITURES Page 1: **$180,000**

TOTAL EXPENDITURES ALL PAGES: **$180,000**

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
735	4100000000		*305035*	(30,000)
735	4100000000		*305035*	(150,000)

TOTAL BALANCE SHEET CHANGE: **($180,000)**

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

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and justification: (Attach additional pages as needed.)*

Animal Services requests to transfer $30,000 from the injured animal donation fund to the animal care department to supplement the outside veterinary services. Animal Services also requests to transfer $150,000 from the shelter donation fund to the temporary/seasonal labor cost for the animal care dept.

(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.