

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 215000YE01	For Fiscal Year: 2019
Requesting Organization: 21500000 HEALTH	Date of Request: 26-Sep-19
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: Health's expenses for indigent burial have been higher than expected for 2019. Health also is seeing an increase in indigent deaths (180 YTD) 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
2150001011 HEALTH ADMIN	0	40,000	0	40,000
2150001013 FACILITIES	0	(40,000)	0	(40,000)
TOTALS	0	0	0	0

Approvals

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

Budget Adjustment Detail

Budget Year: 2019 *** Requesting Department:** 21500000 HEALTH
Budget Period: Post June Year-End *** Req Item No:** 215000YE01 *** Adjustment Title:** Indigent Burial
Adjustment Type(s): Appropriation Unit Shift

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370	2150001013	633010			(40,000)
370	2150001011	653005			40,000

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

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

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

Health's expenses for indigent burial have been higher than expected for 2019. Health also is seeing an increase in indigent deaths (180 YTD) 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.

(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.