

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 360000YE01	For Fiscal Year: 2019
Requesting Organization: 36000000 VISITOR PROMOTION	Date of Request: 14-Aug-19
Budget Adjust Type(s): Technical	Ongoing (Y or N): Y
	If Yes, next year's CF impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Split-out County Travel and Event Attendance: Separate County travel for Project Blueprint and all County employee event attendance from contract payments to Visit Salt Lake to comply with District Attorney opinion

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	290 VISITOR PROMOTION 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: _____	Date: _____
Dept. or Elected Fiscal Mgr: _____	Date: _____
Dept. Dir. or Elected Official: _____	Date: _____
Facilities Division Director: (Capital Projects Only) _____	Date: _____
Chief Financial Officer: _____	Date: _____
Approve	
Mayor or Designee: _____	Date: _____
Approve	
Council Action: _____	Date: _____
Approve	

Budget Adjustment Detail

Budget Year: 2019 * Requesting Department: 36000000 VISITOR PROMOTION CONTRACT
 Budget Period: Post June Year-End * Req Item No: 360000YE01 * Adjustment Title: Split-out County Travel and Event Attendance
 Adjustment Type(s): Technical

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
290	3600000000	VisitorPromotion:Cntrct	613030 PRINTING DEVELOPMENT			(20,000)
290	3600000000	VP Cntrct: County Travel	619025 TRAVEL AND TRA	SU100		15,400
290	3600000000	VP Cntrct: Cnty Event Att	615050 MEALS AND REFR	SU200		4,600

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 unrestricted; 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>Y</u> If Yes, next year's CF impact: <u>\$0</u>	No. of New FTEs: <u>0.00</u> (2) 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

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

Separate County travel for Project Blueprint and all County employee event attendance from contract payments to Visit Salt Lake to comply with District Attorney opinion

(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.