

## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

### Executive Summary

<b>Request Item No:</b> 505000YE04	<b>For Fiscal Year:</b> 2019
<b>Requesting Organization:</b> 50500000 CAPITAL IMPROVEME	<b>Date of Request:</b> 31-Jul-19
<b>Budget Adjust Type(s):</b> Existing Capital Project	<b>Ongoing (Y or N):</b> N
	<b>If Yes, next year's CF impact:</b> \$0
	<b>Net FTE Change:</b> 0.00
<b>Description and Justification:</b>	
Capital Contingency adjustment: Increasing CAP_CONTIN by \$2,000 from underexpend in project 115C Government Center projects.	

### Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
<b>FUND:</b>	450 CAPITAL IMPROVEMENTS FUND
<b>Fund Impact (Budgetary)</b>	\$0
<b>Fund Impact (Transfers)</b>	\$0
<b>TOTAL FUND IMPACT</b>	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Approvals

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

# Budget Adjustment Detail

**Budget Year:** 2019      **\* Requesting Department:** 50500000 CAPITAL IMPROVEMENTS  
**Budget Period:** Post June Year-End      **\* Req Item No:** 505000YE04      **\* Adjustment Title:** Capital Contingency adjustment  
**Adjustment Type(s):** Existing Capital Project

**Expense Budget String(s):**

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
450	5050000000	607015		115C	(2,000)
450	5050000000	695005		CAP_CONTIN	2,000

**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

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

Increasing CAP\_CONTIN by \$2,000 from underexpend in project 115C Government Center projects.

*(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.*