SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No:	215000YE01	**For Fiscal Year:**	*2018*
Requesting Organization:	21500000 HEALTH	**Date of Request:**	12-Sep-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 Services Need: Due to some contractual issues at the end of 2017 and time to get a new vendor in place, Health's expenses for indigent burial services are projected higher than budgeted for 2018. This adjustment will move $25K from the operational appropriation unit to meet the indigent burial services need for 2018. This is a budget neutral request, no Salt Lake County funding is requested.

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: Gary Edwards Digitally signed by Gary Edwards Date: 2018.09.13 08:23:34 -06'00' — **Date:**

Dept. or Elected Fiscal Mgr: Yanping Ding Digitally signed by Yanping Ding Date: 2018.09.13 08:31:05 -06'00' — **Date:**

Dept. Dir. or Elected Official: Karen Crompton Digitally signed by Karen Crompton Date: 2018.09.13 14:25:41 -06'00' — **Date:**

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

Chief Financial Officer: Approve — **Date:** 9/17/2018

Mayor or Designee: Approve — **Date:** 9/18/18

Council Action: Approve — **Date:**

Budget Adjustment Detail

Budget Year: 2018 * **Requesting Department:** 21500000 HEALTH

Budget Period: Post June Year-End * **Req Item No:** 215000YE01 * **Adjustment Title:** Indigent Burial Services Need

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	2150001011		613020			(4,000)
370	2150001011		615005			(4,000)
370	2150001011		611005			(10,000)
370	2150001011		615040			(7,000)
370	2150001011		653005			25,000

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 unrestrictions; 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): N

If Yes, next year's CF impact: $0

No. of New FTEs: 0.00 *(2)*

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.)*

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