

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 690000YE01	For Fiscal Year: 2019
Requesting Organization: 69000000 GOVERNMENT CENTER	Date of Request: 20-Dec-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:

Sweeper Capital Purchase: This request is to move budget from the operations appropriation into the capital appropriation so we can purchase a new sweeper. The new sweeper is because the 1986 Powerboss we currently have is no longer operable, we have had it with Fleet for some time and they have talked to about 5 different vendors trying to find someone who can repair it, but have been unsuccessful. No one still makes parts for the 33 yr old equipment so we need to purchase a new sweeper for the Government Center.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	650 FACILITIES SERVICES 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: 12-20-2019
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:** 69000000 GOVERNMENT CENTER OPERATIONS
Budget Period: Post June Year-End * **Req Item No:** 690000YE01 * **Adjustment Title:** Sweeper Capital Purchase
Adjustment Type(s): Appropriation Unit Shift

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
650	6900002000	607040			(40,000)
650	6900002000	679020			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> (2)
If Yes, next year's CF impact: <u>\$0</u>	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.)*

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(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.