SL COUN	NTY BUDG	ET REC	QUE	ST / Al	DJUSTME	NT	FORM		
	Executive S	ummar	У						
Request Item No: Requesting Organization: Budget Adjust Type(s):	: 34000000 L : New Revenu				Dat Onges, next year	e of oing 's Cl	cal Year: Request: (Y or N): impact: Change:	2020 15-Apr Y 0.00	-20 \$0
Description and Justif									
Eccles Theater Restaurant approved for the Eccles The on approved amendments to commission revenue will be Eccles Theater Site Operat	eater Site Opera to the Eccles Th e offset by an eq	ations bud eater resta ual increa	get to aurant se to l	eliminate operator ocal conti	restaurant rer contract. The act revenue, r	nt & co decre eflect	ommission reataing an incre	evenue b aurant ren	ased nt &
		Func	l Im	nact					
			4 1111	paot					
SUMMARY OF FUND IMPACT BY FUND:	FUND 726 UPACA ECCI	EC							
FUND:	THEATER FUND	.E3							
Fund Impact (Budgetary)		\$0							
Fund Impact (Transfers)		\$0							
TOTAL FUND IMPACT		\$0							
CUMMANDY OF CALTY FUNDING IN	DACT DV DEDT								
SUMMARY OF CNTY FUNDING IN DEPT		REVENUE	F	XPENSE	BAL SHEET		CNTY FUNDIN	ıs —	
TOTALS			0	XI EI13E	0	0	CITTITONDIN	0	
Division Director:			U		Date:	U		U	
DIVISION DIFECTOR.					Date.				
Dept. or Elected Fiscal Mgr:					Date:				
Dept. Dir. or Elected Official:					Date:				
Facilities Division Director: (Capital Projects Only)					Date:				
Chief Financial Officer:	Ap	prove			Date:				
Mayor or Designee:	Ap	prove			Date:				
Council Action:	Ap	prove			Date:				

**Budget Adjustment Detail** 

ent Type(s):	New Revenue or Exper	nse 🔻		▼		
		Tibe •				
Expense Budge	t String(s):					
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOU
				EXPENDITURES Page 1:	<del>-</del>	
Revenue Budge	t String(s):		IOIAL EXPE	NDITURES ALL PAGES:	=	
			DEVENUE ACCOUNT	DDOC/ACT ID (ODT)	DDO IFCT ID (CAD)	AMOLU
FUND 726	<b>SUB-DEPT ID</b> 3400001100		REVENUE ACCOUNT 427065	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUI
726	3400001100		424000			
			то	TAL REVENUES Page 1:	=	
			TOTAL			
Salance Sheet/F	Fund Unrestriction S	tring(s): — Bal sh		REVENUES ALL PAGES: roprietary Fund adjustments or	r fund unrestrictions:	
	Fund Unrestriction S	tring(s): Bal she	eet strings only required for Prif applicable.	roprietary Fund adjustments or		
Balance Sheet/F	Fund Unrestriction S	tring(s): □ Bal sh check	eet strings only required for Prif applicable.  BAL. SHEE		fund unrestrictions;	IT
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FUND	_	check	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL	T ACCOUNT		?)
FUND	SUB-DEPT ID Ongoing (Y or N):	Check	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs:	0.00 (2 0.00 (2 0.00 (2	2)
FUND	SUB-DEPT ID Ongoing (Y or N):	Check	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	TACCOUNT  ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs:	0.00 (2 0.00 (2	?) ?) ?)
*  If Yes, next	Ongoing (Y or N):	Check	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs:	0.00 (2 0.00 (2 0.00 (2	?) ?) ?)
FUND	Ongoing (Y or N): t year's CF impact:	Check	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs:	0.00 (2 0.00 (2 0.00 (2	2)
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*  If Yes, next	Ongoing (Y or N): t year's CF impact:  ransfers:  From Dept ID	Y \$0	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o. of Abolished FTEs:	0.00 (2 0.00 (2 0.00 (2	2)

<sup>(1)</sup> 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.