

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 107099YE03	For Fiscal Year: 2018	
Requesting Organization: 10709900 PARKS AND REC CAP	Date of Request: 11-Oct-18	
Budget Adjust Type(s): Existing Capital Project	Ongoing (Y or N): N	
Unforeseen / Exigency	If Yes, next year's CF impact:	\$0
	Net FTE Change:	0.00

Description and Justification:

TRCC Project Adjustments: Parks & Recreation completed a capital project to replace deteriorated and non-functional wiring and underwater pool lights at Taylorsville Outdoor Pool (PART18TVPL01), which allowed the pool to open for the summer season. Parks & Recreation requests to close out the project and reallocate the remaining available budget to two existing projects in need of additional funding.

(1) The landing surface of the climbing wall at Taylorsville Rec Center (PART18TVRC01) is being replaced with industry-standard safe-impact surfacing and has entered the construction phase, upon which it was determined that the installation of additional surfacing would be required to complete the project.

(2) The Mount Olympus Trailhead project (PAR15_BBSTOY01) is in the pre-construction phase, and additional costs from utility requirements and relocations have been identified.

Parks & Recreation requests a transfer of funds from the completed pool lighting project to complete the climbing wall landing surface project and to reduce the funding shortfall of the Mount Olympus trailhead project; no new County dollars are requested.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	181 TRCC TOURISM REC CULTRL CONVEN 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: 10/12/18
Dept. or Elected Fiscal Mgr:	Date: 10.12.18
Dept. Dir. or Elected Official:	Date: 10.16.18
Facilities Division Director: (Capital Projects Only)	Date: _____
Chief Financial Officer:	Date: 10-16-18
Mayor or Designee:	Date: 10/17/18
Approve	
Council Action: _____	Date: _____
Approve	

Budget Adjustment Detail

Budget Year: 2018 * Requesting Department: 10709900 PARKS AND REC CAPITAL IMPROVEMENT
 Budget Period: Post June Year-End * Req Item No: 107099YE03 * Adjustment Title: TRCC Project Adjustments
 Adjustment Type(s): Existing Capital Project Unforeseen / Exigency

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
181	1070990000	629025		PART18TVPL01	(8,134)
181	1070990000	607015		PART18TVRC01	7,031
181	1070990000	673020		PAR15_BSTOY01	1,103

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>N</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)
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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.