

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 940000IA01	For Fiscal Year: 2019
Requesting Organization: 94000000 SURVEYOR	Date of Request: 28-Mar-19
Budget Adjust Type(s): Unforeseen / Exigency	Ongoing (Y or N): N
	If Yes, next year's CF impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Google Imagery Partnership: Transfer funds for Google Imagery from dedicated Corner preservation account. We are acquiring Google Imagery and supporting services by renewing our partnership with State of Utah, Department of Technology Services (DTS). This partnership allows the County to obtain Google Imagery at a significantly reduced cost. The Google Imagery has wide ranging benefits to the County and public. The County Surveyor will partner with Salt Lake County municipalities and expects to be reimbursed a portion of the cost from our partners.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	\$0
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$0

* Balance sheet or fund unrestricted impacted fund; please see the adjustment form balance sheet/fund unrestricted section detail.

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
9400000000 SURVEYOR PRGM	0	0	(7,000)	(7,000)
9400000100 SURVEYOR ADMINISTRATION	0	7,000	0	7,000
TOTALS	0	7,000	(7,000)	0

Approvals

Division Director: _____

Date: _____

Dept. or Elected Fiscal Mgr: _____

Date: 3/28/2019

Dept. Dir. or Elected Official: _____

Date: 3/28/2019

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer: _____

Date: 3/28/19

Mayor or Designee: _____

Date: 4/5/19

Council Action: _____

Date: _____

Approve

Budget Adjustment Detail

Budget Year: 2019 * Requesting Department: 94000000 SURVEYOR
 Budget Period: Pre-June Interim * Req Item No: 940000IA01 * Adjustment Title: Google Imagery Partnership
 Adjustment Type(s): Unforeseen / Exigency

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	9400000100	639025 OTHER PROFESSIONAL FEES			7,000

TOTAL EXPENDITURES Page 1: \$7,000
 TOTAL EXPENDITURES ALL PAGES: \$7,000

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
110	9400000000	311030	(7,000)

TOTAL BALANCE SHEET CHANGE: (\$7,000)

* Ongoing (Y or N): N No. of New FTEs: 0.00 (2)
 If Yes, next year's CF Impact: \$0 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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(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.