

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 635000YE01	For Fiscal Year: 2019
Requesting Organization: 63500000 TELECOMMUNICATION	Date of Request: 14-Aug-19
Budget Adjust Type(s): New Revenue or Expense	Ongoing (Y or N): Y
	If Yes, next year's CF impact: \$7,000
	Net FTE Change: 0.00

Description and Justification:

InformaCast Expansion: Recent events have shown the need for increased capabilities and advanced communications to county employees for both informational and emergency situations. By upgrading to the InformaCast Fusion subscription product we will increase our capabilities to send messages to all county users. This adds more licenses and capabilities to our existing systems and enables a single interface to trigger and send messages to all user devices. We are requesting that this increase be appropriated from the Telecommunications Fund Balance.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	650 FACILITIES SERVICES FUND
Fund Impact (Budgetary)	(\$42,000)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$42,000)

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
6350000100 TELECOMM ADMIN	0	42,000	0	42,000
TOTALS	0	42,000	0	42,000

Approvals

Division Director: _____	Date: _____
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: 63500000 TELECOMMUNICATIONS
 Budget Period: Post June Year-End * Req Item No: 635000YE01 * Adjustment Title: InformaCast Expansion
 Adjustment Type(s): New Revenue or Expense

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
650	6350000100	615016			42,000

TOTAL EXPENDITURES Page 1: \$42,000
 TOTAL EXPENDITURES ALL PAGES: \$42,000

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 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): <u>Y</u>	No. of New FTEs: <u>0.00</u> (2)
If Yes, next year's CF impact: <u>\$7,000</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.